

Put into vol. 47 St. 252
Lipp HB 733
BOSTON
LIBRARY

The Chicago Medical Recorder

OFFICIAL JOURNAL

THE AMERICAN ASSOCIATION FOR THE STUDY OF GOITER
TRI-STATE MEDICAL SOCIETY
MEDICO-LEGAL SOCIETY

Entered as Second-Class Matter May 29, 1891, at the Post Office at Chicago, Ill., under Act of March 3, 1879
PUBLISHED MONTHLY. \$2.00 a year. MEDICAL RECORDER PUB. CO., 81 E. Madison St., Chicago

Volume XLVII

NOVEMBER, 1925

Number Eleven

DIFFERENCES IN BIOLOGICAL PRODUCTS

SOME physicians doubtless assume that all biological products, by whomsoever made, are more or less uniform in safety and potency because biological manufacturers are compelled to operate under government license and regulation. But physicians themselves are also licensed and regulated by the State. Does this mean that all physicians possess a like degree of skill? Is there no difference between them?

Between one biological product and another the widest possible variation is frequently exhibited. The government merely prescribes minimum requirements. Between the minimum and the maximum is a wide range. *Tolerable* products are often far distant from *superior* products.

In the manufacture of all of our biological products potency, purity, and safety are kept steadily in view. The most stringent rules of procedure prevail at every step. Chemical, biological, and bio-chemical tests are constantly used to assure the practitioner that any serum or vaccine turned out in this laboratory can be depended upon to do what is expected of it.

May we not hope that you will specify "P. D. & Co." on your prescriptions for biological products?

PARKE, DAVIS & COMPANY

(United States License No. 1 for the Manufacture of Biological Products)

DETROIT, MICHIGAN

Campho-Phenique

ANTISEPTICS

EMERGENCY - - SURGERY

A PREVENTIVE OF SUPPURATION.

CAMPHO-PHENIQUE

owes a large part of its popularity to its ready application and worth in emergency surgery. Thus, as a means of guarding against suppuration and promoting quick healing in ragged wounds following accidents, CAMPHO-PHENIQUE should be a first thought

Wash out the wound with CAMPHO-PHENIQUE and then dress with gauze saturated with it. You will be satisfied.

CAMPHO-PHENIQUE LIQUID, small size 30c, large size \$1.20

CAMPHO-PHENIQUE POWDER, small size 30c, large size 75c

Physician's Samples and Literature on request.

CAMPHO-PHENIQUE CO.

St. Louis, Mo. U. S. A.

LIQUID - POWDER - OINTMENT

FOR FIFTY YEARS

eminent physicians all over the country have prescribed and endorsed our well-known and reliable disinfectant.

The constant use of it in the home will prevent the spread of any disease-germ that lurks in the darkest corner.

SAFETY FIRST

Don't wait until sickness comes. Insure yourself against it and protect your health by the immediate use of the absolutely odorless strong and effective

Platt's Chlorides,
The Odorless Disinfectant.

Write for sample and booklet to

HENRY B. PLATT CO.

50 Cliff Street, New York

Remineralization

of the System, following infection or shock, is one of the fundamental axioms of therapeutics.

Compound Syrup of Hypophosphites “FELLOWS”

contains chemical foods in the form of mineral salts and dynamic synergists in an assimilable and palatable compound, and has established its reputation as the *Standard Tonic* for over half a century.

Samples and literature on request

Fellows Medical Manufacturing Co., Inc.

26 Christopher Street - - New York City, U. S. A.



Everybody is helped — everybody should help!

TUBERCULOSIS in this country is a threat against your health and that of your family. There are more than a million cases in this country today.

The germs from a single case of tuberculosis can infect whole families. No one is immune. The only sure escape is to stamp out the dread disease entirely. It can be stamped out. The organized work of the tuberculosis crusade has already cut the tuberculosis death rate in half. This work is financed by the sale of Christmas Seals.

Everybody is helped by this great work — and everybody should help in it. Let every member of your family stamp all Christmas parcels, letters and greeting cards with these able little warriors against disease. Everybody, everywhere, buy Christmas Seals — and buy as many as you can.



*Stamp Out Tuberculosis
with this
Christmas Seal*

THE NATIONAL, STATE, AND LOCAL TUBERCULOSIS ASSOCIATIONS
OF THE UNITED STATES

THE CATHARTIC ADDICT



DESHELL AGAR FLAKES (American)

So much interest has been created in the superior American made Agar used in PETROLAGAR (Deshell) that we have decided to place it on the market as DESHELL AGAR FLAKES, (American), for the physician who, in certain cases, may wish to prescribe agar.

DESHELL AGAR FLAKES (American) are produced in a modern American factory on the California coast.

They are free from impurities, sterilized free from starch—which affords at least 25 per cent additional bulk.

DESHELL AGAR FLAKES (American) are unusually palatable.

They can be obtained on prescription from any pharmacy.

Responsibility for the prevalent self-medication by cathartics lies largely at the door of the medical profession. The physician in general has not impressed on the public the fact that dosing with cathartics is more likely to cause constipation than to cure it.

The cathartic acts by chemical irritation. It hurts the bowel in order to cause a forceful, violent movement. As a result of the violent exertions, the muscles are fatigued, almost partially paralyzed, and lie inactive for twenty-four to forty-eight hours.

The logical method for treating constipation is a re-education of the bowel to move at a certain definite time every day. The physician must educate the patient to the necessity of this definite "Habit Time." He must instigate the correct regimen of diet and exercise.

To shorten the period of education, he can use a mechanical aid—PETROLAGAR (Deshell)—which provides a soft, oil-lubricated, bulky, easily passed stool.

PETROLAGAR (Deshell) is an emulsification of 65 per cent pure mineral oil (which is not digestible and not absorbable) and agar-agar (an indigestible, cellulose material, which absorbs moisture and increases its bulk).

The agar now being used in PETROLAGAR (Deshell) is an American-made agar—a superior product, free from starch, which affords at least 25 per cent additional bulk.

PETROLAGAR (Deshell) has been accepted for New and Nonofficial Remedies by the Council on Pharmacy and Chemistry of the American Medical Association.

PETROLAGAR (Deshell) is issued as follows: PETROLAGAR (Plain); PETROLAGAR (with Phenolphthalein); PETROLAGAR (Alkaline); and PETROLAGAR (Unsweetened, no sugar).

Send coupon for interesting treatise.

DESHELL LABORATORIES

—INC.—

4383 Fruitland Ave.,
LOS ANGELES

189 Montague St.,
BROOKLYN, N. Y.

589 E. Illinois St.,
CHICAGO

MAIL TO THE NEAREST ADDRESS

DESHELL LABORATORIES, INC.
Dept. R.

Gentlemen: Please send me, without obligation, a copy of your interesting treatise.

Dr.

Address.....

.....

Petrolagar

(DESHELL)
Reg. U. S. Pat. Off.



The FIRST TRUST and SAVINGS BANK buys for its own investment carefully selected municipal, railroad and corporation bonds and offers through its Bond Department such securities to its customers. The benefit of thirty years' experience gained in dealing in high-grade investments is always at the service of its clients. Special information and circulars concerning the bonds we offer and recommend will be furnished upon application.

FIRST TRUST and SAVINGS BANK

Northwest corner Dearborn and Monroe Streets

3% Interest is allowed on Savings Accounts



Contents



Original Articles

Some Remarks Regarding the Present Status of Our Profession.—Dr. Fred H. Gunn.....	361
Hemorrhoidectomy under Local Anaesthesia.—Dr. Charles J. Drucek.....	366
Custer's Last Battle.—By one of his Troop Commanders	374

Editorials

Escape	389
The Physicians' Home, Inc.....	389

Book Reviews

General Bacteriology.—Jordan	392
Gynecologic Urology.—Fulkerson	392
Allergy Asthma, Hay Fever, Urticaria and Allied Manifestations of Reaction.—Duke.....	392
Symptoms of Visceral Disease.—Portenger.....	392
Objective Psychopathology.—Hamilton.....	392
Medical Clinics of North America, Vol. ix, No. 11	392
Lumbar Puncture.—Poppenheim	392
Practical Medicine Series. Vol. viii. Nervous and Mental Diseases—Bassoe.....	392

CAPROKOL

(HEXYLRESORCINOL S & D.)

$C_6H_3(OH)_2C_6H_{13}$

Indicated in the treatment of infections of the urinary tract.

Approximately 45 times the germicidal power of Phenol.

Non-toxic in therapeutic doses.

Renders the urine a germicidal solution.

FOR ADULTS:—Soluble Elastic Capsules CAPROKOL, (Hexylresorcinol S. & D.), Supplied in prescription boxes of 100. Each capsule contains 0.15 gram CAPROKOL, (Hexylresorcinol S. & D.) in a 25% solution in Olive Oil.

FOR CHILDREN:—Solution CAPROKOL, (Hexylresorcinol S. & D.), Supplied in four-ounce prescription bottles. Each teaspoonful contains 0.1 gram CAPROKOL, (Hexylresorcinol S. & D.) in a 2½% solution in Olive Oil.

LITERATURE SENT UPON REQUEST

SHARP & DOHME
BALTIMORE

New York Chicago New Orleans St. Louis Atlanta Philadelphia Kansas City San Francisco

AS AN ANTI-ANEMIC

The one pre-eminently efficient organically combined iron and manganese product for the past 32 years, has been

GUDE'S PEPTO-MANGAN

(LIQUID--TABLET FORM)

DURING all of this time the physician who has not prescribed it has been the exception rather than the rule. This potent blood tonic and general reconstructive is now available in both liquid and *tablet form*.

It encourages corpuscular construction

It enhances hemoglobin formation

It aids general tissue oxygenation

It stimulates the failing appetite

It increases general reparative effort

It is thus of unquestioned and unquestionable value in

**ANEMIC, CHLOROTIC and
DEVITALIZED CONDITIONS**

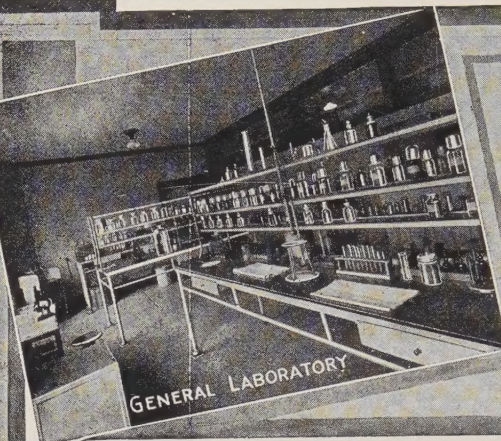
Our Bacteriological Wall Chart
or our Differential Diagnosis
Chart will be sent to any
Physician upon request.

Literature, samples and further information from

M. J. BREITENBACH CO.

53 Warren Street

New York City



GENERAL LABORATORY



PATHOLOGICAL ROOM

CHICAGO LABORATORY CLINICAL ANALYTICAL

Marshall Field Annex Bldg.,
25 E. Washington St.,

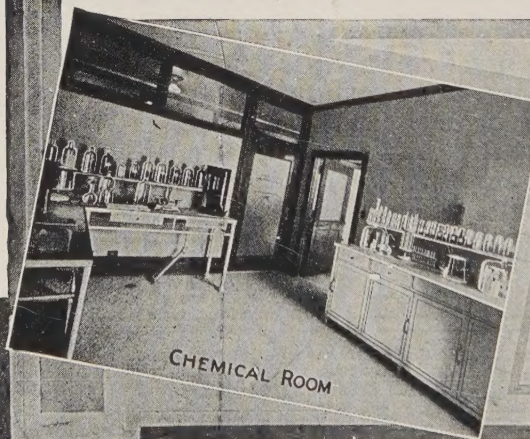
CHICAGO

Established 1904
Phone Randolph 3610

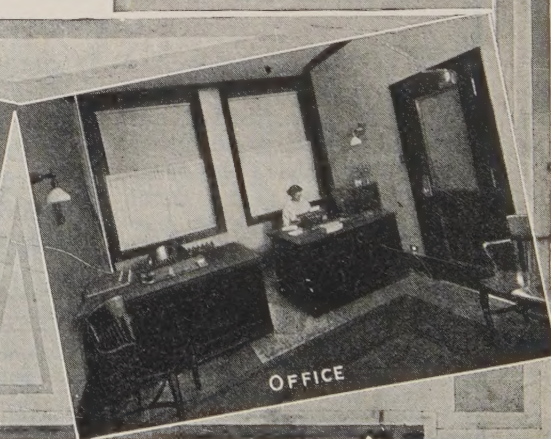
MODERN EQUIPMENT
combined with years of clinical and analytical experience is at your service.

Serological Tests, Pathological Examination of Tissue. Autogenous Vaccines, Complement Fixation Test for Gonorrhea, Sputum, Smears, Pus, etc. Urinalysis, Complete Chemical and Microscopical. All work at moderate prices.

Physicians who have not our fee table are invited to write for it.



CHEMICAL ROOM



OFFICE



When rheumatism grips, the sustained heat of Antiphlogistine soothes

AS far as is known to Medical Science there is no *real* cure for Rheumatism. Osler says "hot applications are soothing"—and when Rheumatism grips, especially in joints and muscles, the *self-generated and sustained* heat of Antiphlogistine brings blessed relief.

Apply Antiphlogistine hot and thick

—as hot as can be borne comfortably by the patient. Once in position and

bound snugly with an outer bandage Antiphlogistine will *produce and sustain* heat upwards to 24 hours.

The scientific reason for this is that the large c. p. Glycerine content in Antiphlogistine, acting with the fluids of the tissues, especially when joint swelling is present, sets up a natural generation of heat.

We do not claim that Antiphlogistine will cure Rheumatism, but it does diminish pain and this is a great relief to the patient.

Let us send you *Free Literature*.

The Denver Chemical Mfg. Company
New York, U. S. A.

Laboratories: London, Sydney, Berlin, Paris,
Buenos Aires, Barcelona, Montreal, Mexico City



"Promotes Osmosis"



Fill in and use
the coupon

The liquid contents of Antiphlogistine enter the circulation through the physical process of endosmosis. In obedience to the same law, the excess moisture is withdrawn by exosmosis. Thus an Antiphlogistine poultice after application shows center moist. Periphery virtually dry.

The Denver Chemical Mfg. Co.
20 Grand St., New York, N. Y.

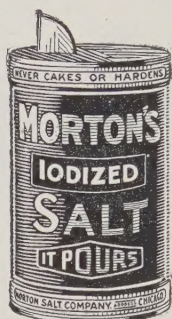
Please send me a copy of your
book, "The Medical Manual".

Doctor _____

Street and No. _____

City and State _____

AT YOUR
GROCER'S



WHEN IT RAINS
—IT POURS

ANNOUNCING

MORTON'S IODIZED TABLE SALT

We are pleased to announce to the medical profession that we have perfected, and placed on the market, an Iodized Table Salt. Suitable machinery has been installed which, under the supervision of a certified chemist, assures proper mixing and a reliable product.

This Salt contains two one-hundredths of 1% Potassium Iodide (one part in five thousand) as recommended by Medical Societies and State Boards of Health as a preventive of goiter and thyroid trouble, now prevalent in many localities.

This is the same Morton's Salt that you have used for years, packed in the same damp-tite package with a handy aluminum spout—only with .02% of iodide added for its medicinal value.

MORTON SALT COMPANY
CHICAGO

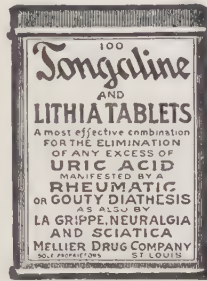
PRESCRIBED FOR 40 YEARS!

Tongaline

MELLIER
ANTI-RHEUMATIC
ANTI-NEURALGIC



4-oz., 8-oz., 5-pint



50 Tablets—100 Tablets

**Rheumatism—Neuralgia—Gout
Sciatica—Lumbago—Heavy Colds
Influenza—Excess of Uric Acid
Auto-Intoxication**

MELLIER DRUG COMPANY
2112 Locust St., St. Louis, Mo.

**Please mail me as samples
4 oz. Tongaline, also
Tongaline and Lithia Tablets**

M. D.

Street _____

City _____

State _____

Pershing Hotel

Cor. Cottage Grove Ave. and 64th St.
CHICAGO

Appealing particularly to the professional man who lives in keeping with his station yet not extravagantly, the Pershing, which is convenient to the great South Side hospitals and clinics is high in the favor of physicians and their families. Rates \$2.50 to \$5 per day single, \$3 to \$6 per day double. A quality of accommodations usually found only at the most expensive hotels distinguishes the Pershing.

Near the famed South Parks with their beaches, golf links, bridle paths and boulevards, the Pershing is also convenient to all Chicago via boulevard motor coaches, elevated express, surface cars and railroad suburban trains.

Entering Chicago, get off at 63rd St. or Englewood and you will be only a very short distance from the Pershing. For reservations or booklet address H. E. Rice, Pres. and Manager.

Jewel Electric Fountains



WE make several styles of portable illuminated electric fountains for the home and office. The clear sparkling water falling on the artistic illuminated shade makes a beautiful decoration for sun-parlors or living-rooms. They are portable and can be moved to any room as they do not require any water connection. The top container can be lifted off this two-piece stand for table use. The beautiful art glass splash ring reflects the light. Our Jewel Fountain is an excellent humidifier and it cools the atmosphere in Summer. Its artistic beauty will make it a joy forever in your home. An ideal Xmas gift.

Send 5 cents for attractive catalog showing our many styles of Jewel Electric fountains.

JEWEL ELECTRIC & MFG.

Dept. M. R.

4505 Ravenswood Ave. - - Chicago, Ill.

Important Information

WITH a feeling of certain responsibility to the medical profession, we would notify all members thereof that in order to conform with somewhat recent Federal Legislation, we have ceased supplying Glykeron with Diacetyl Morphine as a constituent and that all of the product of this original composition, now obtainable is only that to be found in the hands of the wholesale and retail druggists. *Glykeron, however, has not been discontinued,* but the narcotic constituent has been changed and the Glykeron now distributed direct from our laboratories, contains one grain Codeine Phospate in each fluid ounce instead of Diacetyl Morphine.

MARTIN H. SMITH COMPANY

150 Lafayette Street, New York, New York

Rest

"The murmur of a waterfall
 A mile away,
 The rustle when a robin lights
 Upon a spray,
 The lapping of a lowland stream
 On dipping boughs,
 The sounds of grazing from a herd
 Of gentle cows.
 The echo from a wooded hill
 Of cuckoo's call,
 The quiver through the meadow grass
 At evening fall,—
 Too subtle are these harmonies
 For pen and rule,
 Such music is not understood
 By any school;
 But when the brain is overwrought,
 It hath a spell,
 Beyond all human skill and power
 To make it well."

—Anon.

Michell Farm

for Nervous, and Mild Mental Diseases
 REST, RECREATION, SPECIAL CARE AND TREATMENT

On Galena Road in the Illinois River Valley



"A Bit of California on the Illini."

Address George W. Michell, M.D., Medical Director, MICHELL FARM,
 Peoria, Illinois

BEAUTIFULLY ILLUSTRATED BOOKLET ON REQUEST

16 Miles North of
Chicago

Write for
Booklet

Phone Winnetka 211



DR. EUGENE CHANEY
Medical Director

DR. GEORGINA A. GROTHAN
Asst. Physician

DR. ALBERT ZRUNEK
Asst. Physician

McDONALD REST CURE

2720 Prairie Ave., Chicago, Ill.

A private home for Convalescents and for the care of those needing rest and quiet, or suffering from nervous diseases, anemia, etc.

Physicians have entire charge of their patients.

Phone Coliseum 7837

ALMENA PARKER McDONALD, Superintendent

The Caswell Gypsy



To those who instinctively respond to quality, the beauty, design and perfection in mechanism of the Caswell Gypsy make an instant appeal. For the first time all needed elements have been combined to make the ideal portable phonograph beautiful in finish and workmanship, possessing hitherto unknown volume and quality of tone values together with the ruggedness necessary for portable use.

This is an all-purpose Phonograph, equally as good in the apartment as out on the week-end camping trip—just the thing to while away many happy hours. Plays two selections with one winding and carries eighteen records securely. See it at your music dealer or order direct. We will send it post-paid on receipt of your check or money order.

Price - - - - - \$25.00

See it at your music dealer or write us
direct giving his name

CASWELL MANUFACTURING CO.
PORTABLE PHONOGRAPHS OF DISTINCTION

ST. PAUL AVE., AT 10TH STREET

MILWAUKEE, WIS.

Kenilworth Sanitarium

(Established 1905)

KENILWORTH, ILLINOIS

C. & N. W. Railway, 6 miles North of Chicago

Built and equipped for the treatment of nervous and mental diseases. Approved diagnostic and therapeutic methods. An adequate night nursing service maintained. Sound-proofed rooms with forced ventilation. Elegant appointments. Bath rooms en suite, steam heating, electric lighting, electric elevator.

Resident Medical Staff:

Sherman Brown, M. D.

Mable Hoiland, M. D.

Sanger Brown, M. D.

Consultation by appointment only.

All correspondence should be addressed to Kenilworth Sanitarium Kenilworth, ILL.

**THE WILGUS SANITARIUM** ROCKFORD, ILL.

For Mild Mental and Nervous Diseases

Under the management of DR. SIDNEY D. WILGUS, formerly superintendent Elgin and Kankakee State Hospitals. Address DR. SIDNEY D. WILGUS, Box 304, Rockford, Ill. Long distance Bell phone 3767. Chicago Office, 25 E. Washington St.

Telephone Central 2110
Thursday Mornings Only
By Appointment

Oconomowoc Health Resort
OCONOMOWOC, WIS.

Building New—Absolutely Fireproof

Built and Equipped for treating
NERVOUS AND MILD MENTAL DISEASES

THREE HOURS FROM CHICAGO ON C. M. & S. P. RY.

Trains Met at Oconomowoc on request.

LOCATION UNSURPASSED.
READILY ACCESSIBLE.

ARTHUR W. ROGERS, B. L., M. D.

RESIDENT PHYSICIAN IN CHARGE

**Waukesha Springs Sanitarium**

For the Care and Treatment of Nervous Diseases

Building Absolutely Fireproof

Byron M. Caples, M. D., Medical Director.
Floyd W. Alpin, M. D.
L. H. Prince, M. D.

Waukesha, Wis.

for
Simple Goiter

nothing can excel a combination of thyroid, ferrous iodide, and nuclein. These ingredients, scientifically proportioned, are contained in

Iodized Thyroid Co.
 (Harrower)

for
Exophthalmic Goiter

a combination of pancreas, adrenal, and pituitary (total) frequently will give results when all other measures have failed. These three ingredients are contained in

Pancreas Co.
 (Harrower)

THE HARROWER LABORATORY, Inc.
 Glendale, California

Fifty Years

- ❑ For 50 years LACTOPEPTINE POWDER has been used by the medical profession throughout the world.
- ❑ For generations LACTOPEPTINE ELIXIR has been recognized as the vehicle *par excellence* for unpalatable and harsh drugs.
- ❑ And, in thus making tolerable the intolerable, it has rendered a real service to the physician.
- ❑ But the ELIXIR, like the POWDER, has always been primarily a preparation characterized by marked digestive qualities by virtue of which it has maintained its integrity as a dependable digestive aid.

Lactopeptine

POWDER—ELIXIR—TABLETS

The New York Pharmacal Association
 YONKERS, N. Y.

The Chicago Medical Recorder

Official Journal

of

The American Association for the Study of Goiter

Vol. XLVII

NOVEMBER, 1925

No. 11

ORIGINAL ARTICLES

Some Remarks Regarding the Present Status of Our Profession*

DR. FRED H. GUNN, East St. Louis, Illinois

The practice of medicine has never been, it is not now and probably never will be, an exact science. It is, possible, to be too scientific as well as to be too unscientific in the practice of an Art which has grown in its usefulness through applied science.

We may laugh at the mother who kisses her child on an injured spot, and assures him that the kiss will heal his pain. We may sneer at the man who says that faith in the doctor is half of the battle. We may depreciate the doctor who treats the family instead of the disease, but no doctor of practical experience will deny that all of these things are part of a knowledge that is indispensable in the successful practice of the healing art. The doctor who is not qualified to dispense such knowledge, may be able to handle referred cases, but he would never accumulate a large practice on his own account, and without

the aid of other docetors, he would soon pass into some other field of endeavor, besides, in my humble opinion, he would lose much of the great pleasure that the practice of medicine affords the busy practitioner. It is true that such things do not cure organic lesions, but is it not also true that we have specific remedies for only a few organic lesions, even after they are discovered? All we can do after the majority of lesions are found, and classified, is to treat them symptomatically. We may remove ovaries, the gall bladder, the stomach, parts of the intestines, extremities, etc., all to the advantage of the patient even to the extent almost of the miraculous. A patient with a mitral insufficiency may be properly directed and live as long with the lesion as without it. When the Isles of Langerhans cease to function, that most scientific drug Insulin, comes to our aid. Diphtheria Antitoxin is a marvelous contribution to science. And

*Read before the Madison County Medical Society at Edwardsville, Ill., November 7, 1924.

so we may name procedures and drugs all of which we accept with open arms and give credit where credit is due.

But a confidence must be instilled into the minds of the laity that will induce them to be dismembered, or with confidence submit to the restrictions necessary to keep them in comfort and a happy frame of mind. That confidence has been instilled by the general practitioner, but without him what community has any one qualified to picture happiness without legs, or usefulness without vision? Who is there left to brave the rigors of a frosty morning, to relieve the suffering gallstone colic, and to tediously call the attention of the sufferer to the necessity of applying scientific methods?

How many are present, this afternoon, who have not gone through this experience once, twice and even numbers of times on the same patient? It may be that you have been too lenient. Perhaps, it would have been better for you, as individuals, to have demanded your suffering patient to either go to the hospital or cease calling upon you for relief. But, it is the kind, considerate and patient general practitioner that has made the general public place the practice of medicine on a par with the administration of theological teachings.

But, so far, at least, 50% of human ills cannot be classed as organic. What is to be done with all of those conditions, that even after the most scientific investigation nothing definite is known, so far as diagnosis or treatment is concerned? Our research workers have a long way to go before they can classify all complaints and label them as positively this, that or the other. What about many other diseases which in their incipency leave no definite tracks? Should every man who sneezes, on the

street, or behind the plow, be rushed, perhaps miles, for a scientific investigation? Is the medical profession foolish enough to believe that the public is willing to pay a body of scientific men, perhaps a dozen of them, to go over them every time they have a headache?

I might go in this vein a long time, but I am sure you get the drift of my thoughts. We must use horse sense, as well as science. The gist of the subject is that the time has not yet arrived at which the ills of the human race can be turned over to the research workers. At least 50% of the people who are sick, or who think they are sick, are still in need of the untiring services of the general practitioner. So far, as our knowledge at present goes, at least one-half of suffering humanity must rely upon the same principles that have been utilized by our forefathers in medicine, who for years carried the burden of human ills upon their shoulders without much scientific knowledge of cause and effect. And we, like they, have still many battles to fight. The application of the most scientific principles that exist today is very little beyond the ideas of yesterday, and many tomorrows will roll by, before our best men cease to make blunders.

The duties of the medical profession do not end where organic diseases cease. Psychology was utilized by the medical profession long before the word was coined and it must still be used. Let the scientists correlate it in any manner they choose, and if they have any practical method of using it that will be better than the psychology of the average, the general practitioner will accept it with open arms. In all of its crudeness we did not laugh at psycho-analysis. We accepted it seriously and in the hands of a broad-minded man of medi-

cine, it may be utilized to some advantage. But it can be, and has been made as ridiculous as Christian Science in the hands of single track minds.

The brain is a remarkable organ and little understood. What science has added to neurology has been mostly a volume of nomenclature that requires a life time to learn. It creates lots of talk, some surgery, but little practical results. I do not say that it is not necessary. On the other hand it is quite essential and deserves all the study we can give to it. I want it to receive more dignity.

The medical testimony in the Leopold-Loeb case is a demonstration of the fact that scientific medicine cannot only be made as ridiculous as Christian Science, but can also be made a menace to civilization.

Speaking of Christian Science, as ridiculous as it is, it has a grain of truth in it. The practice of medicine was founded upon religion as well as upon ignorance and superstition and Christian Science is an offspring as natural as a black sheep in a family, and its extermination only means Coueism or some other kind of "ism" to take its place.

The ills of the human race cannot be successfully directed by a single track mind, whether that mind dwells upon the subject from a scientific viewpoint, or non-scientific viewpoint. The breadth of our profession is so great that we must infold all of those principles that aid in making the human race better from a mental, as well as a physical standpoint. In order to properly handle the sick we must have the sympathy of the public, and in order to get it we must be sympathetic. Perfect science cannot be crammed down the throats of unscientific minds, and until the practice of medicine becomes absolutely per-

fect a little timidity is more becoming than rash procedures. A great deal less is said by the ultra-scientific about the errors of omission than the errors of commission.

I would not have you think that I am advocating a department of Christian Science or Chiropractic to the curriculum, but on the other hand I do not believe that a medical college can function as it should without a fair proportion of doctors on the teaching staff. By doctors, I mean men who know something about practicing medicine from a practical standpoint. There must be some physicians who know what to do single handed and alone. How can a man who never treated a patient in his life give a student an idea of how to handle one when he gets it? What I am calling attention to is that medicine taught from a purely academic standpoint cannot succeed in all of its departments until it is reduced to an absolutely mechanical scientific basis. Until that time comes our great organization cannot be turned over body and soul to research workers.

Up until twenty-five years ago the general practitioner ran the medical profession, or at least tempered it to its needs. But since that time they have gradually been pushed into the background, until today the direction of the course for a doctor to pursue is almost entirely dictated by research workers and specialists with the result that we are now growing entirely away from the treatment of all ills that are not classified in the list of organic lesions.

I heard Dr. William Mayo make the statement that the medical profession is treating only ten per cent of the people who are calling for medical services. In other words ninety per cent of the people who are sick, or think they are sick, are now handled, directed and treated

by unscientific methods, not in any sense akin to what is known to us as the medical profession.

We may stand back on our dignity and say that this 90% must ultimately come to us, but it is not a question of dollars and cents, it is the question of whether the medical profession is functioning to its fullest capacity. It is a question of whether research workers can dictate the whole policy of the medical profession from a laboratory or whether human contact is not as much a part of the treatment of the sick today as it ever was.

The greatest army of destruction that was ever aggregated together failed miserably because it was founded purely upon materialism. Is it not possible that the greatest army of construction will likewise come to grief for the same reason? The Germans could theoretically whip the world, but as a matter of practical demonstration they fell down, but if behind that great organization had flowed the milk of human kindness, that touch that has been the backbone of the medical profession of the past, they would not only have won a great victory, but the world would have been made better and brighter and a great catastrophe averted. In like manner, the soul cannot be taken out of the practice of medicine and anything be left. We can no more die mechanically than we can live mechanically, and even though you may be a doctor you do not want merely a mechanical opinion of your physical condition, especially when you are feeling badly. You want a soothing element to temper the misery you feel. Like a child who is soothed by a mother's kiss, so does the adult drink deeply into his very soul the kind intentions of those who minister unto him while he suffers. Like the adage "It is not the gift but the giver that make

a present valuable." So in many instances, it is not what is done, in the sick room, that counts, nearly so much as how it is done.

The scientists of medicine are deserving of much credit, and too much credit cannot be given to them. The technicians of medicine are as essential as the mechanics for repairing machinery. The general practitioner cannot function properly unless he is properly grounded in the sciences of medicine, for it is up to him to recognize his limitations, and to be able to discriminate between a good and a poor technician. He must be able to recognize disease, and be able to discriminate between pathological and psychological conditions. He must have a knowledge of how to prevent as well as cure disease, and he must be able to direct all diseases in their incipency.

In order to get the benefits of our scientific advancements, it is necessary to properly ground our general practitioner in the fundamentals of these sciences. And in order to get the best results in treatment all of these fundamentals must be utilized. I am sure the general practitioner recognizes these facts, as well as the research workers themselves. But did you ever run across a research worker who recognized any virtue in the general practitioner? Did you ever see a technician blush when he is praised for his technical ability? And how often have you heard them give any credit to a general practitioner?

But just as surely as the general practitioner should be grounded in the sciences, just as surely should our technicians be grounded in the fundamentals of handling patients, and families. They are in just as great need of an education in practical things, as our general practitioners are in need of funda-

mentals, and as time goes on this need is growing more and more apparent.

I am not in the general practice of medicine, any more, but even though I cared nothing for our medical body, as a whole, I have enough selfish reasons to want the general practitioner to again come into his own. Our present methods are driving the public into the hands of the various pathies and cure-alls, and I know that those individuals will not direct the public to the specialists. Our specialties have been indirectly built up by the general practitioners who have recognized the ability of the specialist.

The old specialist was originally a general practitioner. He possessed the same good characteristics plus an acquired knowledge of some special branch of medicine, and it was the recognition of his special qualities by his fellow practitioners that made him a specialist. There was a bond of sympathy between them, and a practical cooperation. He assisted the general practitioner in bringing his patients back to health and was a friend and counselor.

There is no more bond of friendship between the ultra-scientific man of medicine, today, and the general practitioner, than between a German and a French soldier. In a great and wealthy institution, in St. Louis, the opinion of a general practitioner regarding his patient is considered as useless as the opinion of a chiropractor. The nurses who graduate from that institution hold the general practitioner in as much reverence as they hold the janitor of the building. The general practitioner is told to send his patients there if they are sick, and they will take care of them. If they die they are dead, and if they get well the patient and the family doctor are supposed to be thankful. If

they die why should any one worry about it? They have had every thing that science could afford, to restore them to health, and it failed, and that is all there is to be said about it. If they get well they know that when they have a headache the place to go is to that hospital. But people die and get well outside of that hospital, as well as in it, and an explanation of the "whys and wherefores" are given in a soothing, if not in a scientific manner. A soul has passed to the great beyond, even as you and I must go. In the hands of cold science he is but a dog, but to the family physician he is a brother, and a reverence is shown by respect to his remains.

Gentlemen, we gladly forgive the old time doctor for his errors of omission. He put his soul in his work, and did his best. What he did not know would make volumes, but over his head still shines a halo that crowns the head of the medical profession today. If our great profession is to deserve its reputation, the scientific advancements must not be allowed to crowd the altruism of our ancestors into oblivion.

When the ultra-scientific tell all they know, there is still volumes to write and we forgive them for all of their errors of commission. They are working, perhaps, as conscientiously as did their forefathers, and doing their best, and we are with them and for them.

But this afternoon, let us visualize the situation from a non-scientific viewpoint. With due respect to all scientific endeavors, let us for the moment try to conceive of a medical profession entirely divorced from sentimentality. Place yourself under the cold scrutiny of an entire stranger sharpening his knives to remove your gall bladder. Do you not believe that even though he were rather unscientific you would very much appreciate the assurance of a friend to

whom you could trust your pocket book? Gentlemen, the family physician must not die. Each community must have a medical counselor, each family must have an acquaintance with some one they can call upon when in distress, who knows how to relieve pain and anxiety. Some one who can talk to them in a language they understand,

and who has a knowledge of how to direct them into proper channels and in whom they have confidence. Our only way to accomplish this is to give credit where credit is due and in spite of the wonders of the scientific side of medicine learn to, again, properly appreciate the things of medicine that are not scientific.

Hemorrhoidectomy Under Local Anesthesia

CHARLES J. DRUECK, M.D., Chicago

Professor of Rectal Diseases, Post Graduate Hospital and Medical School

Preparation of the Patient: The patient is to be as carefully and thoroughly prepared for a hemorrhoid operation as for a laparotomy, in order that we secure the best results and the greatest degree of post operative comfort. This preparatory treatment is fully as important as the execution of the operation.

If a cathartic is deemed necessary, an ounce of castor oil is given twenty-four hours before the operation, to sweep out septic and decomposing material from the intestines. This cathartic must be given long enough in advance of the operation to allow the patient to get rid of it and for the increased peristalsis to subside. If the patient already has been taking a cathartic daily, the physic, in some instances may advantageously be omitted, thus avoiding exhausting him. Most patients do not eat much previous to the operation, still some consider it a last chance for several days and consequently, unless warned, will gorge themselves. Hence, I request the patient to abstain from meat, vegetables containing much cellulose and gas forming foods and to subsist for the day before the operation on broths, cooked pulpy vegetables, and other readily absorbable foods. If the patient has been

in the habit of using alcoholic liquors he should be advised to discontinue their use for at least a week before the operation, as by doing so there will be less post operative excitement.

The patient enters the hospital on the evening before the operation and if restless is given 20 grains of bromides, in order to insure sound sleep for the night. That same evening he is given an enema of physiologic salt solution and then is left undisturbed. Early on the morning of the operation, the perianal region is shaved and cleansed and a sterile dressing is applied. Three hours before the operation the patient is given a one pint enema. One and one-half hours before the operation he is given a cup of soup or else coffee and toast, as it is better not to operate when his stomach is empty. He is given a hypodermic injection containing morphine $1/6$ grain and scopolamine $1/150$ grain, after which all visitors must leave the room. This hypodermic is repeated one-half hour before the operation and at this time the bladder is emptied if the patient is awake. This medication quiets the patient and prevents the psychic trauma.

The Operation in Detail: My operative technic is the same whether per-

formed under local or general anesthesia and, inasmuch, as local anesthesia is safer and just as satisfactory as general anesthesia the technic as performed under local anesthesia will be described.

If a local anesthesia is decided upon a little extra detail is necessary in preparing our patient.

The table should be covered with a thick pad and the patient should be provided with a pillow to help make him comfortable. Always remember that he is not anesthetized and every sound and touch is appreciated by him. He should therefore be handled as little and as carefully as possible, not tied or strapped in any way, the left lateral prone position with the hips raised (the proctologic position) is satisfactory for the surgeon as well as the most comfortable for the patient, although when the patient is anesthetized the lithotomy position is more convenient. In this position the patient's legs are not fastened in stirrups but are supported at the knees upon the shoulder of the assistant. This method of support prevents the leg cramps and sacro-iliac strain which is so often caused by other means of holding the patient.

I use one-half of one percent solution of apothesine or Butyn for infiltration of the skin, thus permitting a liberal amount to be used without danger of toxicity, as apothesine is but one-seventh as toxic as cocaine. Quinine-urea solution is not used for the skin because its injection is painful. The success of a local anesthetic depends upon a careful and thorough infiltration of the whole field. I use a 26 gauge needle. A 30 c.c. syringe is filled with warmed anesthetic solution. The skin in the posterior raphe one inch back of the anal margin, where the skin is less sensitive, is touched with phenol on a swab and after waiting a few minutes the skin is picked up between the thumb and forefinger of the

left hand and the needle introduced at the cauterized spot. A few drops of Butyn solution injected here causes a wheal to arise and after waiting a few moments the needle is advanced and another wheal made while the needle is carried forward just under the skin at a distance of one-half inch from the anal opening. When the needle has been advanced its full length on one side it is retracted to the posterior commissure but not withdrawn from the skin and the infiltration carried up on the other

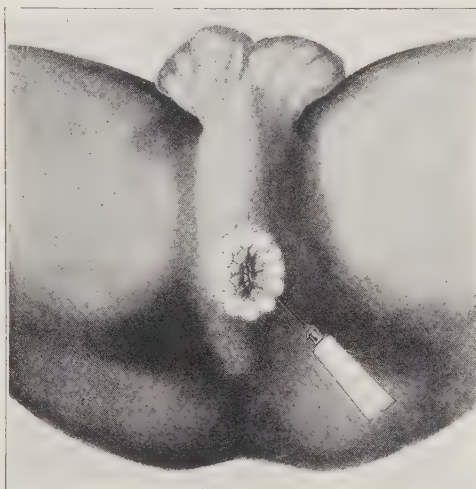


Fig. 1. Infiltration of the perianal tissues with the anesthetic solution.

side of the anus. When the full depth of the needle has been reached on both sides of the anus it is withdrawn and inserted at the most anterior wheal just made and the infiltration continued to the anterior commissure and around on the opposite side until the wheals meet those previously produced. Fig 1. In this way the whole anal opening is anesthetized while the needle is always kept one-half inch out from the edge of the mucous membrane. This procedure blocks the inferior sphincteric nerves supplying the anal sphincter, and canal and perianal skin. Wait ten minutes for anesthesia to be complete and then introduce

the left index finger into the rectum and carry it above the external sphincter, hook the finger over the muscle and by slight traction draw it down and steady it while the needle passed through the skin at the anesthetized bullea is carried into the sphincter muscle but not through it and 20 minims of Butyn solution is deposited in the substance of the muscle. Fig. 2. This deep injection is made in four places, one on either side of the commissure, one-half inch out at the entrance of the lesser sphincter nerves. The index finger within the anus will assist in guiding the needle to the proper depth, and will be felt under the rectal wall. A 10 centimeter needle long enough to easily reach all of the deep layers of the sphincter muscle is required as otherwise dilatation of those fibers will be painful and incomplete. As the needle is being carried down to the sphincter the anesthetic solution should be slowly infiltrated so that some distention of the tissues will precede the needle point and avoid pain.

A syringe of anesthetic fluid is now deposited immediately in front of the tip of the coccyx to block the coccygeal nerves and thus further facilitate dilatation. This infiltration procedure consumes 15 to 20 minutes and must be carried out carefully until anesthesia is complete. Then the finger within the rectum massages the sphincter and if the muscle has been well injected it will soon relax, but if not sufficiently anesthetized it will contract upon, "bite," the finger and we must wait longer. Never begin manipulating, pinching or operating until anesthesia is complete. This applies with equal force to local and general anesthesia. As the sphincter relaxes under the massage, a second finger of the same hand is introduced and if needed a finger of the other hand and the massaging and stretching continued until the capacity of the sphincter is reached.

This maneuver must be carefully performed that the mucous membrane is not torn or the anal margin not otherwise damaged. Just what is the full limit of the sphincter varies with individuals and



Fig. 2. Infiltration of the sphincter muscles.

the operator's experience is the criterion in each case. By this method there is never any danger of rupturing the muscle as may occur under divulsion with the speculum. This slow but thorough dilatation of the sphincter is an essential factor in lessening the post operative pain by avoiding sphincteric spasm. If the hemorrhoids have been habitually prolapsing the sphincters will be found relaxed and will not need much dilating. Abscess following a hemorrhoid operation usually results from trauma during the dilatation of the sphincter (most likely to occur if the stretching is hurriedly performed), a perirectal blood vessel being ruptured and this resulting in a hematoma which later becomes infected and thus causes a perirectal abscess.

When the muscle has been thoroughly

relaxed it will so remain while we are operating. The hemorrhoids and the anal mucous membrane prolapse well into view under this treatment and the whole pile can be seen and reached.



Fig. 3. Enucleation of the hemorrhoid.

Although prolapsed internal hemorrhoids may be operated without dilatation of the sphincter, I always make this procedure part of my technic because without it there is very liable to be some part of the pile remain internal to the sphincter and will cause a recurrence at a future time. Therefore, if the hemorrhoid is within reach without dilatation the sphincter should be stretched that all hidden nodules may be found. Also if the stump retracts above a tight sphincter a subsequent hemorrhage might not be detected for some time. Take plenty of time in making the dilatation because prolonged relaxation cannot be obtained if the stretching is roughly or hurriedly performed. Having opened the anus and brought the hemorrhoid well outside it is now infiltrated with a solution of one-half of one percent of quinine and urea hydrochloride, using enough solution to distend the tumor thoroughly. The pedicle of the tumor should be in-

jected and also the normal mucous membrane for one-half inch above the pile as otherwise traction on the pile in handling will cause pain by stretching the sympathetic nerves which come down the rectum from above. By waiting five to ten minutes now before operating the best effect of the quinine is obtained and post operative anesthesia is much more satisfactory. The anesthetizing solution should be slowly forced into the pile so as to avoid a sudden painful distention of the tissues. After the needle has been inserted it may be turned in different directions and the tumor well infiltrated. If more than one puncture is made into the hemorrhoid the solution runs out as rapidly as it is injected. Sufficient fluid should be injected to blanch a part of the hemorrhoid. If several hemorrhoids are to be removed they are all injected at this time before the removal of any is begun. Quinine solution is used for this part of the infiltration because it produces anesthesia which lasts several days during which time healing is well established. The anesthetizing solution should be used in as limited amounts as will obtain the necessary results, because excessive quantities produce a large exudate which causes a sense of fulness in the rectum for several days.

When the sphincter has been thoroughly relaxed the lower bowel should be irrigated with weak antiseptic solution and the whole operative field cleansed once more with soap and water.

The hemorrhoid having been brought well into view it is picked up at its upper limit with a hemorroidal forceps, and an incision beginning in the normal mucous membrane one-fourth of an inch above the tumor, is carried down on the left side of the pile, then, beginning again at this upper point, a similar incision is carried down on the right side

of the tumor, to and around the lower pole of the hemorrhoid; then with the scissors curved on the flat, the whole pile, blood vessels and connective tissue are dissected out en masse. Figure 3. The upper pole of the tumor is now lifted out of its base, thus exposing the vessels as they enter the tumor from above.

The vessels are now grasped with a thin clamp forceps and the tumor is cut free. The lateral incisions are to be kept close to the hemorrhoid, or, preferably, in that part of the mucosa covering the side walls of the pile. The dissection is carried around and beneath the hemorrhoids down to the solid connective tissue or fascia about the muscle coat of the gut, and the pile is shelled out by blunt dissection. This enucleation of the tumor is almost a bloodless operation.

The pedicle in the grasp of the forceps at the upper end of the wound, next receives our attention. The size of this pedicle varies with the size of the hemorrhoid; still even when the tumor is large and fleshy, the pedicle is slender, because it consists only of blood vessels and connective tissue supporting structures between them. The pedicle now is lifted well up and examined, in order to make sure that it is thoroughly freed from the mucous membrane, then a No. 1 catgut ligature is slowly but firmly tied close down at the base. One end of the ligature threaded upon a curved non-cutting needle now is passed through the base of the stump beneath the ligature. The forceps and upper part of the stump are cut free about one-eighth of an inch above the ligature and the thread that transfixes the stump is tied over the stump and across the encircling ligature, thus preventing it from slipping. Fig. 4.

As the stump is released, it retracts well into the bottom of the wound and the mucous membrane edges fall together over it. It is important to tie the

stump carefully, as it is small and if not properly secured secondary hemorrhage may result. The wound edges fall together in good apposition, but, they should be secured by a light running suture.

The lateral incisions are to be kept close to or better upon the edges of the pile to conserve the mucous membrane between the several tumors and not endanger the caliber of the rectum or the anal canal by possible subsequent contraction. Those strips of attached mucous membrane left between each two operative wounds will also assist in rapid and satisfactory healing. If this work is poorly performed stricture of the anus may result. Care must be exercised that none of the incisions extend beyond the anesthetized area. The hemorrhage during the operation is slight. The large vessels are not injured because they enter the hemorrhoid at its upper part and run parallel with the length of the bowel just under the mucous membrane. If a vessel is accidentally severed it is an inferior hemorrhoidal vessel at the lower border and may be picked up and ligated separately or included later in the sutures approximating the wound edges.

If the tumor is in the anal canal, its lower edge may rest at the white line where the skin and mucous membrane meet, if the tumor is of the interno-external variety it is to be removed completely, by continuing the dissection over the white line and onto the skin, taking out a "V" shaped piece of skin and inflammatory tissue sufficient to restore the anus to its normal appearance. Fig. 5.

Usually this external portion of the incision does not need to be drawn together with sutures as the edges of the wound will fall together and coapt themselves, but occasionally they may gape and will require one or two interrupted catgut sutures. When dissecting out the hemorrhoid, be sure to leave a clean cut,

smooth-surfaced wound because a ragged wound is more liable to bleed.

The shape, size and location of the operative wound for each hemorrhoid is governed entirely by the condition of the hemorrhoid itself. A straight elliptical, oval, kite-shaped or dumbbell wound may be employed, all depending upon the amount of pathology to be removed. One should always figure on preserving as much mucous membrane as should normally line the anorectal canal in the region operated. One hemorrhoid may require the removal of a large amount of mucosa in its excision, while another may be completely excised by submucous removal through a straight slit in the mucosa.

In finishing the operation a careful survey should be made of the anus to see that no redundancy of the skin or skin tabs are left. If these are found they should be clipped off with scissors. If these tabs are left they swell up after the operation and cause the patient much suffering during convalescence and annoyance afterwards. The operation need not be hurried as the anesthesia will last upwards of an hour and the utmost care and gentleness should be exercised in the use of tissue forceps, retractors and sponging.

Whether the operation is performed under local or general anesthesia, be careful to handle the parts gently, for unnecessary dilatation of the sphincters as also rapid or rough manipulations and catching with snap forceps the tissues that are not to be removed will cause more pain and increased danger of infection.

Often the pulling and manipulating of the adjacent parts during the operation will excite fear and lack of confidence in the operation and may produce so much nervousness in the patient as to make him restless and to struggle when a ligature or suture is tied.

The operation completed and the field cleansed, the rectum and anus are well covered with sterile vaseline, carefully and freely covering each and every wound. A large compress wet with hot boric solution is applied to the anus and this is held in place with a snugly adjusted two tailed "T" bandage.

I do not place a tube within the rectum because if hemostasis has been secured properly and the sphincter well relaxed by anesthesia, drainage as well

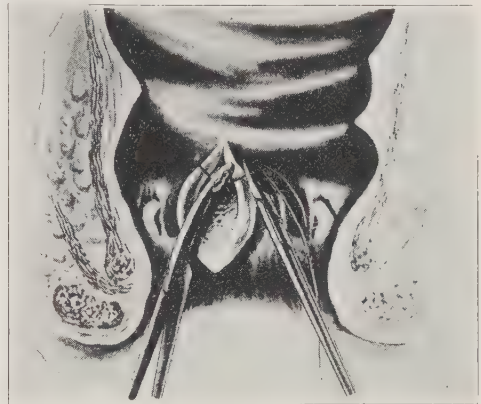


Fig. 4. Treatment of the hemorrhoidal stump.

as absence of post operative pain will be well insured. The presence of packing and tubes acts the same as any foreign body and provokes and induces peristaltic efforts in an endeavor to expel them. Their presence is also an active factor toward causing retention of urine.

When the patient is put to bed, keep him in the Sims' or else in a prone (on his face) position. Do not allow him to lie on his back, because, in this position, the middle and superior hemorrhoidal vessels in their upper portion are in a vertical position; at the pelvic brim, they bend a sharp angle, so that the abdominal contents are superimposed. All of these positions cause obstruction, and as the hemorrhoidal vessels have no valves, there is a back pressure and a tendency to swelling, a giving

away of the stitches and more pain, as well as delay in the process of repair.

External heat is applied to the boric dressing over the anus to keep it continuously warm. The dressing is changed every six hours. After the first day in bed our patient may turn about and assume a comfortable position.

After-Treatment: The after-treatment of hemorrhoid patients is a very exact one, but unfortunately, often is neglected, with the result that complications frequently occur. Close attention at this time means comparative comfort and a rapid convalescence for the patient and more kindly healing of the wounds without complications.

Although general standard rules for the post-operative care cannot be set down, there is much to be individualized in each case. In fact, it is most important that the physician himself, look after his patients, so far as this is possible; for, just a little slip in the after-treatment may spoil the effect of an otherwise excellent operation.

A narcotic is only very rarely asked for, but morphine sulphate, $\frac{1}{4}$ grain, should be promptly given hypodermically if required. It is never needed after the first night. No drugs should be given to inhibit (lock up) the bowels.

The possibility of retention of urine should always be watched for. This is more apt to occur in male patients and demands catheterization as soon as the bladder fills. This complication is not nearly so frequent with the operative toilet I have suggested as when the anal canal is packed.

After twenty-four hours the dressings are removed, the region washed carefully and fresh dressings applied. After this the anal region is given a hot cleansing bath twice daily and also after each bowel movement.

These patients expect defecation to cause pain and I presume that their fear

acts as an inhibition to evacuation. So at the end of the second day, I give an injection of 6 ounces of liquid paraffin, using a soft catheter and let the patient use a commode instead of the bed pan.

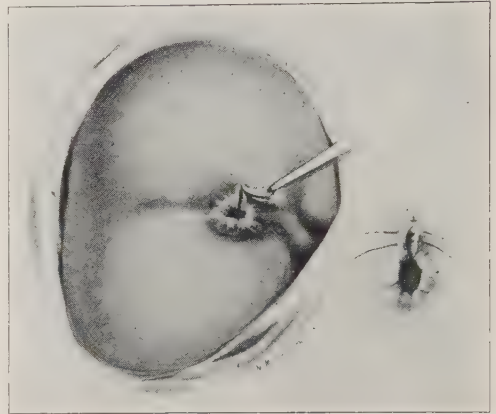


Fig. 5. Carrying the incision out on the skin to remove an externo-internal hemorrhoid.

Small picture shows sutures placed to close the skin wound.

Each day thereafter he is given an enema of physiologic salt solution, or of glycerin, 2 ounces, and water 6 ounces. This prevents the evacuation of a constipated stool. The danger of mechanical injury by the expulsion of a large hard fecal bolus requires no emphasis. Wet absorbent cotton is employed as a detergent after each evacuation. Each day as the wound is dressed the healing is noted and any granulating surfaces found are touched with 20 per cent solution of Argyrol. The patient is usually allowed to leave his bed the second day and leaves the hospital in 4 to 6 days according as he resides near or distant from the surgeon because the anus should be dressed every day for at least a week.

The post-operative diet for the first day consists of liquids given every two hours; soup, broth, egg albumen, butter-milk and cream, 4 ounces of either, with 2 ounces of water. No milk is allowed. On the second day he may have semi-

solids; poached egg, toast, custard, rice, sago, absorbable vegetables, tea, also cooked apple, prunes or other fruit besides for beverages, tea, coffee, grape juice, lemonade and orangeade. After this a more generous but still limited diet is allowed.

With the technic outlined the patient can be on his feet and out of doors as early as the second day and certainly by the fourth or fifth. Confinement to bed and detention from business is minimized and recovery hastened by the improved circulation which follows the early resumption of exercise and normal life.

When the patient leaves the hospital his hemorrhoids are cured; however, in many cases there still remains the effect of long continued disturbed digestion. Therefore the patient should be impressed with the importance of the after-treatment, and should receive either direct or at the hands of his home physician whatever directions regarding his diet and medication may be necessary.

I never use bichloride of mercury during the operation, nor in any of the after dressings, because this irritant sets up a persisting tenesmus as soon as the sensory nerves recover.

Until a complete cure is effected, the finger protected and well lubricated is introduced weekly into the anal canal to ascertain that no post-operative contraction has resulted.

The Advantage of This Technic may be enumerated as follows:

1. The operation is thorough and may be equally satisfactorily performed under local or general anesthesia. The incised wounds, if carefully copated, heal more readily than will crushed or cauterized surfaces.

2. The sphincter muscles are not disturbed or injured by forcible dilatation, since a speculum is not employed.

3. The ligature is so applied as to

hold securely the vessels so that secondary hemorrhage cannot occur, neither is there any sloughing tissue to separate several days later. Provision for perfect hemostasis is a vital consideration in all operations upon internal hemorrhoids.

4. The stump is small and buried, and the wound edges are closely approximated, so that the resulting scar is smooth and level with the surrounding mucosa, instead of being raised; consequently it does not obstruct the passage of the feces. It is this raised hard scar left after operation for the removal of hemorrhoids, that more than any other single factor tends to induce a recurrence of the trouble.

5. All of the diseased tissue is removed, therefore, recurrence is impossible; yet enough of the mucosa is left to maintain in good order the tactile sensibility of the anus. This is one of the points of superiority over a clamp and cautery method of operation, which necessarily must grasp much tissue outside of the hemorrhoid or else leave part of the varix behind. If a portion of the varicose vein remains, infection and an abscess is prone to occur.

6. The scar of the wound conforms to the axis of the anal canal, thus, cannot narrow the lumen of the gut.

7. The post-operative analgesia continues for several days, while the patient is up and out in a few days.

It appears that Admiral-General Andrews is trying to get honest men for the Prohibition unit. But why corrupt another bunch of our citizens?—Columbia Record.

Folks who used to tell the conductor their children were six and entitled to half-fare now boost them up to sixteen so they can operate the family car.—Albany News.

Statistics are said to prove that brainy people are the poorest automobile-drivers. There is some consolation in statistics, after all.—Boston Transcript.

Custer's Last Battle

By One of His Troop Commanders

(Reprinted from the "Century Magazine" of January 1892,

[Recently attempts have been made to change the general opinion that the massacre and defeat of Custer's troops at the Battle of the Little Big Horn River was not due to the negligence of Major Reno in supporting General Custer, but was due to lack of judgment on General Custer's part. Having studied the matter carefully for many years, having had correspondence with Mrs. General Custer, having seen Major Reno in person, etc., we believe, in memory of this great hero—General Custer—that a reprint at this time, of the article to follow, will be of general interest.—The Editor.]

(Continued from October issue)

Reno was with the foremost in this retreat or "charge," as he termed it in his report, and after he had exhausted the shots of his revolvers he threw them away. The hostile strength pushed Reno's retreat to the left, so he could not get to the ford where he had entered the valley, but they were fortunate in striking the river at a fordable place; a pony-trail led up to a funnel-shaped ravine into the bluffs. Here the command got jammed and lost all semblance of organization. The Indians fired into them, but not very effectively. There does not appear to have been any resistance during this retreat. On the right and left of the ravine into which the pony-path led were rough, precipitous clay bluffs. It was surprising to see what steep inclines men and horses clambered up under the excitement of danger.

Lieutenant Donald McIntosh was killed soon after leaving the timber. Dr. DeWolf was killed while climbing one of the bluffs a short distance from the command. Lieutenant B. H. Hodgson's horse leaped from the bank into the river and fell dead; the lieutenant was wounded in the leg, probably the same bullet that killed the horse. Hodgson called out, "For God's sake, don't aban-

don me." He was assured that he would not be left behind. Hodgson then took hold of a comrade's stirrup-strap and was taken across the stream, but soon after was shot and killed. Hodgson, some days before the battle, had said that if he was dismounted in battle or wounded, he intended to take hold of somebody's stirrup to assist himself from the field. During the retreat Private Dalvern, troop "F," had a hand-to-hand conflict with an Indian. His horse was killed; he then shot the Indian, caught the Indian's pony, and rode to the command.

Reno's casualties thus far were three officers, including Dr. J. M. DeWolf and twenty-nine enlisted men and scouts killed; seven enlisted men wounded; and one officer, one interpreter, and fourteen soldiers and scouts missing. Nearly all the casualties occurred during the retreat and after leaving the timber. The Ree scouts continued their flight until they reached the supply camp at the mouth of the Powder, on the 27th. The Crow scouts remained with the command.

We will now go back to Benteen's battalion. Not long after leaving the waterhole a sergeant met him with an order from Custer to the commanding

officer of the pack-train to hurry it up. The sergeant was sent back to the train with the message; as he passed the column he said to the men, "We've got 'em, boys." From this and other remarks we inferred that Custer had attacked and captured the village.

Shortly afterward we were met by a trumpeter bearing this message signed by Colonel Cook, Adjutant: "Benteen, come on. Big village. Be quick. Bring packs," with the post-script, "Bring packs." The column had been marching at a trot and walk, according as the ground was smooth or broken. We now heard firing, first straggling shots, and as we advanced the engagement became more and more pronounced and appeared to be coming toward us. The column took the gallop with pistols drawn, expecting to meet the enemy which we thought Custer was driving before him in his effort to communicate with the pack-train, never suspecting that our force had been defeated. We were forming in line to meet our supposed enemy, when we came in full view of the valley of the Little Big Horn.

Captain Weir and Lieutenant Edgerly. The valley was full of horsemen, riding to and fro in clouds of dust and smoke, for the grass had been fired by the Indians to drive the troops out and cover their own movements. On the bluffs to our right we saw a body of troops and that they were engaged. But an engagement appeared to be going on in the valley too. Owing to the distance, smoke, and dust, it was impossible to distinguish if those in the valley were friends or foes. There was a short time of uncertainty as to the direction in which we should go, but some Crow scouts came by, driving a small herd of ponies; one of whom said "Soldiers," and motioned for the command to go to the right. Following his direction,

we soon joined Reno's battalion, which was still firing. Reno had lost his hat and had a handkerchief tied about his head, and appeared to be very much excited.

Benteen's battalion was ordered to dismount, deploy as skirmishers on the edge of the bluffs overlooking the valley. Very soon after this the Indians withdrew from the attack. Lieutenant Hare came to where I was standing and, grasping my hand heartily, said with a good deal of emphasis: "We've had a big fight in the bottom, got whipped, and I am — glad to see you." I was satisfied that he meant what he said, for I had already suspected that something was wrong, but was not quite prepared for such startling information. Benteen's battalion was ordered to divide its ammunition with Reno's men, who had apparently expended nearly all in their personal possession. It has often been a matter of doubt whether this was a fact, or the effect of imagination. It seems most improbable, in view of their active movements and the short time the command was firing, that the "most of the men" should have expended one hundred and fifty rounds of ammunition per man.

While waiting for the ammunition pack-mules, Major Reno concluded to make an effort to recover and bury the body of Lieutenant Hodgson. At the same time we loaded up a few men with canteens to get water for the command; they were to accompany the rescuing party. The effort was futile; the party was ordered back after being fired upon by some Indians who doubtless were scalping the dead near the foot of the bluffs.

A number of officers collected on the edge of the bluff overlooking the valley and were discussing the situation; among our number was Captain Moylan,

a veteran soldier, and a good one too, watching intently the scene below. Moylan remarked, quite emphatically: "Gentlemen, in my opinion, General Custer has made the biggest mistake of his life, by not taking the whole regiment in at once in the first attack." At this time there were a large number of horsemen, Indians, in the valley. Suddenly they all started down the valley, and in a few minutes scarcely a horseman was to be seen. Heavy firing was heard down the river. During this time the questions were being asked: "What's the matter with Custer, that he don't send word what we shall do?" "Wonder what we are staying here for?" etc., showing some uneasiness; but still no one seemed to show great anxiety, nor do I know that anyone felt any serious apprehension but that Custer could and would take care of himself. Some of Reno's men had seen a party of Custer's command, including Custer himself, on the bluffs about the time the Indians began to develop in Reno's front. This party was heard to cheer, and seen to wave their hats as if to give encouragement, and then they disappeared behind the hills or escaped further attention from those below. It was about the time of this incident that Trumpeter Martini left Cook with Custer's last orders to Benteen, viz: "Benteen, come on. Big village. Be quick. Bring packs. Cook, Adjutant. P. S. Bring packs." The repetition in the order would seem to indicate that Cook was excited, flurried, or that he wanted to emphasize the necessity for escorting the packs. It is possible, yes, probable, that from the high point Custer could then see nearly the whole camp and force of the Indians and realized that the chances were desperate; but it was too late to reunite his forces for the attack. Reno was already in the fight and his (Custer's)

own battalion was separated from the attack by a distance of two and a half to three miles. He had no reason to think that Reno would not push his attack vigorously. A commander seldom goes into battle counting upon the failure of his lieutenant; if he did, he certainly would provide that such failure should not turn into disaster.

During a long time after the junction of Reno and Benteen we heard firing down the river in the direction of Custer's command. We were satisfied that Custer was fighting the Indians somewhere, and the conviction was expressed that "our command ought to be doing something or Custer would be after Reno with a sharp stick." We heard two distinct volleys which excited some surprise, and, if I mistake not, brought out the remark from some one that "Custer was giving it to them for all he was worth." I have but little doubt now that these volleys were fired by Custer's orders as signals of distress and to indicate where he was.

Captain Weir and Lieutenant Edgerly, after driving the Indians away from Reno's command, on their side, heard the firing, became impatient at the delay, and thought they would move down that way, if they should be permitted. Weir started to get this permission, but changed his mind and concluded to take a survey from the high bluffs first. Edgerly, seeing Weir going in the direction of the firing, supposed it was all right and started down the ravine with the troop. Weir, from the high point, saw the Indians in large numbers start for Edgerly, and signaled for him to change his direction, and Edgerly went over to the high point, where they remained, not seriously molested, until the remainder of the troops marched down there; the Indians were seen by them to ride about what afterward

proved to be Custer's battle-field, shooting into the bodies of the dead men.

McDougal came up with the pack-train and reported the firing when he reported his arrival to Reno. I remember distinctly looking at my watch at twenty minutes past four, and made a note of it in my memorandum book, and although I have never satisfactorily been able to recall what particular incident happened at that time, it was some important event before we started down the river. It is my impression, however, that it was the arrival of the pack-train. It was about this time that thirteen men and a scout named Herenden rejoined the command; they had been missing since Reno's flight from the bottom; several of them were wounded. These men had lost their horses in the stampede from the bottom and had remained in the timber; when leaving the timber to rejoin, they were fired upon by five Indians, but they drove them away and were not again molested.

My recollection is that it was about half-past two when we joined Reno. About five o'clock the command moved down toward Custer's supposed whereabouts, intending to join him. The advance went as far as the high bluffs where the command halted. Persons who have been on the plains and have seen stationary objects dancing before them, now in view and now obscured, or a weed on the top of a hill, projected against the sky, magnified to appear as a tree, will readily understand why our views would be unsatisfactory. We could see stationary groups of horsemen moving about; from their grouping and the manner in which they sat their horses we knew they were Indians. On the left of the valley a strange sight attracted our attention. Some one remarked that there had been a fire that

scorched the leaves of the bushes, which caused the reddish-brown appearance, but that appearance was changeable; watching this intently for a short time with field-glasses, it was discovered that this strange sight was the immense pony-herds of the Indians.

Looking toward Custer's field, on a hill two miles away we saw a large assemblage. At first our command did not appear to attract their attention, although there was some commotion observable among those nearer to our position. We heard occasional shots, most of which seemed to be a great distance off, beyond the large groups on the hill. While watching this group the conclusion was arrived at that Custer had been repulsed, and the firing was the parting shots of the rear-guard. The firing ceased, the groups dispersed, clouds of dust arose from all parts of the field, and the horsemen converged toward our position. The command was now dismounted to fight on foot. Weir's and French's troops were posted on the high bluffs and to the front of them; my own troop along the crest of the bluffs next to the river; the rest of the command moved to the rear, as I supposed to occupy other points in the vicinity, to make this our defensive position. Busying myself with posting my men, giving direction about the use of ammunition, etc., I was a little startled by the remark that the command was out of sight. At this time Weir's and French's troops were being attacked. Orders were soon brought to me by Lieutenant Hare, Acting-Adjutant, to join the main command. I had gone some distance in the execution of this order when, looking back, I saw French's troop come tearing over the bluffs, and soon after Weir's troop followed in hot haste. Edgerly was near the top of the bluff trying to mount his frantic horse,

and it did seem that he would not succeed, but he vaulted into his saddle and then joined the troop. The Indians almost immediately followed to the top of the bluff, and commenced firing into the retreating troops, killing one man, wounding others and several horses. Then they started down the hillside in pursuit. I at once made up my mind that such a retreat and close pursuit would throw the whole command into confusion, and, perhaps, prove disastrous. I dismounted my men to fight on foot, deploying as rapidly as possible without waiting for the formation laid down in tactics. Lieutenant Hare expressed his intention of staying with me, "Adjutant or no Adjutant." The led horses were sent to the main command. Our fire in a short time compelled the Indians to halt and take cover, but before this was accomplished, a second order came for me to fall back as quickly as possible to the main command. Having checked the pursuit we began our retreat, slowly at first, but kept up our firing. After proceeding some distance the men began to group together, and to move a little faster and faster, and our fire slackened. This was pretty good evidence that they were getting demoralized. The Indians were being heavily reinforced, and began to come from their cover, but kept up a heavy fire. I halted the line, made the men take their intervals, and again drove the Indians to cover; then once more began the retreat. The firing of the Indians was very heavy; the bullets struck the ground all about us; the but "ping-ping" of the bullets overhead seemed to have a more terrifying influence than the "swish-thud" of the bullets that struck the ground immediately about us. When we got to the ridge in front of Reno's position I observed some Indians making all haste to get possession of a hill to the

right. I could now see the rest of the command, and I knew that that hill would command Reno's position. Supposing that my troop was to occupy the line we were then on, I ordered Hare to take ten men and hold the hill, but, just as he was moving off, an order came from Reno to get back as quickly as possible; so I recalled Hare and ordered the men to run to the lines. This movement was executed, strange to say, without a single casualty.

The Indians now took possession of all the surrounding high points, and opened a heavy fire. They had in the meantime sent a large force up the valley, and soon our position was entirely surrounded. It was now about seven o'clock.

Our position next the river was protected by the rough rugged steep bluffs which were cut up by irregular deep ravines. From the crest of these bluffs the ground gently declined away from the river. On the north there was a short ridge, the ground sloping gently to the front and the rear. This ridge, during the first day, was occupied by five troops. Directly in rear of the ridge was a small hill; in the ravine on the south of this hill our hospital was established, and the horses and pack-mules were secured. Across this ravine one troop, Moylan's, was posted, the packs and dead animals being utilized for breastworks. The high hill on the south was occupied by Brenteen's troop. Everybody now lay down and spread himself out as thin as possible. After lying there a few minutes, I was horrified to find myself wondering if a small sage-bush, about as thick as my finger, would turn a bullet, so I got up and walked along the line, cautioned the men not to waste their ammunition; ordered certain men who were good

shots to do the firing, and others to keep them supplied with loaded guns.

The firing continued till nearly dark (between nine and ten o'clock), although after dusk but little attention was paid to the firing, as everybody moved about freely.

Of course everybody was wondering about Custer—why he did not communicate by courier or signal. But the general opinion seemed to prevail that he had been defeated and driven down the river, where he would probably join General Terry, and with whom he would return to our relief. Quite frequently, too, the question, "What's the matter with Custer?" would evoke an impatient reply.

Indians are proverbial economists of fuel, but they did not stint themselves that night. The long twilight was prolonged by numerous bonfires, located throughout their village. The long shadows of the hills and the refracter light gave a supernatural aspect to the surrounding country, which may account for the illusions of those who imagined they could see columns of troops, etc. Although our dusky foes did not molest us, yet it must not be inferred that we were allowed to pass the night in perfect rest; or that they were endeavoring to soothe us into forgetfulness of their proximity, or trying to conceal their situation. They were a good deal happier than we were; nor did they strive to conceal their joy. Their camp was a veritable pandemonium. All night long they continued their frantic revels; beating tom-toms, dancing, whooping, yelling with demoniacal screams, and discharging firearms. We knew they were having a scalp-dance. In this connection the question has often been asked "if they did not have prisoners at the torture?" The Indians deny that they took any prisoners. We did not

discover any evidence of torture in their camps. It is true that we did find human heads severed from their bodies, but these probably had been paraded in their orgies during that terrible night.

Our casualties had been comparatively few since taking position on the hill. The question of moving was discussed, but the conditions coupled to the proposition caused it to be indignantly rejected. Some of the scouts were sent out soon after dark to look for signs of Custer's command, but they returned after a short absence saying that the country was full of Sioux. Lieutenant Varnum volunteered to go out, but was either discouraged from the venture or forbidden to go out.

After dark the troops were arranged a little differently. The horses were unsaddled, and the mules were relieved of their packs; all animals were secured to lariats stretched and picketed to the ground.

Soon after all firing had ceased the wildest confusion prevailed. Men imagined they could see a column of troops over on the hills or ridges, that they could hear the tramp of the horses, the command of officers, or even the trumpet-calls. Stable-call was sounded by one of our trumpeters; shots were fired by some of our men, and familiar trumpet-calls were sounded by our trumpeter immediately after, to let the supposed marching column know that we were friends. Every favorable expression or opinion was received with credulity, and then ratified with a cheer. Somebody suggested that General Crook might be coming, so some one, a civilian packer, I think, mounted a horse, and galloping along the line yelled: "Don't be discouraged, boys, Crook is coming." But they gradually realized that the much-wished-for reinforcements were but the phantasma of their imaginations, and

settled down to their work of digging rifle-pits. They worked in pairs, in threes and fours. The ground was hard and dry. There were only three or four spades and shovels in the whole command; axes, hatchets, knives, table-forks, tin cups, and halves of canteens were brought into use. However, everybody worked hard, and some were still digging when the enemy opened fire at early dawn, between half-past two and three o'clock, so that all had some sort of shelter, except Benteen's men. The enemy's first salutations were rather feeble, and our side made scarcely any response; but as dawn advanced to daylight their lines were heavily reinforced, and both sides kept up a continuous fusillade. Of course it was their policy to draw our fire as much as possible to exhaust our ammunition. As they exposed their persons very little we forbade our men, except well-known good shots, to fire without orders. The Indians amused themselves by standing erect, in full view for an instant, and then dropping down again before a bullet could reach them, but of that they soon seemed to grow tired or found it too dangerous; then they resorted to the old ruse of raising a hat and blouse, or a blanket, on a stick to draw our fire; we soon understood their tactics. Occasionally they fired volleys at command. Their fire, however, was not very effective. Benteen's troop suffered greater losses than any other because their rear was exposed to the long-range firing from the hills on the north. The horses and mules suffered greatly, as they were fully exposed to long-range fire from the east.

Benteen came over to where Reno was lying, and asked for reinforcements to be sent to his line. Before he left his line, however, he ordered Gibson not to fall back under any circumstances, as this was the key to the position. Gibson's

men had expended nearly all their ammunition, some men being reduced to as few as four or five cartridges. He was embarrassed, too, with quite a number of wounded men. Indeed, the situation here was most critical, for if the Indians had made a rush, a retreat was inevitable. Private McDermott volunteered to carry a message from Gibson to Benteen urging him to hasten the reinforcements. After considerable urging by Benteen, Reno finally ordered French to take "M" troop over to the south side. On his way over Benteen picked up some men then with the horses. Just previous to his arrival an Indian had shot one of Gibson's men, then rushed up and touched the body with his "coup-stick," and started back to cover, but he was killed. He was in such close proximity to the lines and so exposed to the fire that the other Indians could not carry his body away. This, I believe, was the only dead Indian left in our possession. This boldness determined Benteen to make a charge, and the Indians were driven nearly to the river. On their retreat they dragged several dead and wounded warriors away with them.

The firing almost ceased for a while, and then it recommenced with greater fury. From this fact, and their more active movements, it became evident that they contemplated something more serious than a mere fusillade. Benteen came back to where Reno was, and said if something was not done pretty soon the Indians would run into our lines. Waiting a short time, and no action being taken on his suggestion, he said rather impatiently: "You've got to do something here pretty quick; this won't do, you must drive them back." Reno then directed us to get ready for a charge, and told Benteen to give the word. Benteen called out, "All ready now, men. Now's your time. Give them hell. Hip,

hip, here we go!" and away we went with a hurrah, every man, but one who lay in his pit crying like a child. The Indians fired more rapidly than before from their whole line. Our men left the pits with their carbines loaded, and they began firing without orders soon after we started. A large body of Indians had assembled at the foot of one of the hills, intending probably to make a charge, as Benteen had divined, but they broke as soon as our line started. When we had advanced 75 or 100 yards, Reno called out, "Get back, men, get back," and back the whole line came. A most singular fact of this sortie was that not a man who advanced with the lines was hit; but directly after every one had gotten into the pits again, the one man who did not go out was shot in the head and killed instantly. The poor fellow had a premonition that he would be killed, and had so told one of his comrades.

Up to this time the command had been without water. The excitement and heat made our thirst almost maddening. The men were forbidden to use tobacco. They put pebbles in their mouths to excite the glands; some ate grass roots, but did not find relief; some tried to eat hard bread, but after chewing it awhile would blow it out of their mouths like so much flour. A few potatoes were given out and afforded some relief. About 11 A. M. the firing was slack, and parties of volunteers were formed to get water under the protection of Benteen's lines. The parties worked their way down the ravines to within a few yards of the river. The men would get ready, make a rush to the river, fill the camp kettles, and return to fill the canteens. Some Indians stationed in a copse of woods, a short distance away, opened fire whenever a man exposed himself, which made this a particularly hazardous service. Several men were wounded,

and the additional danger was then incurred of rescuing their wounded comrades. I think all these men were rewarded with medals of honor. By about 1 o'clock the Indians had nearly all left us, but they still guarded the river; by that time, however, had had about all the water we needed for immediate use. About 2 o'clock the Indians came back, opened fire, and drove us to the trenches again, but by 3 o'clock the firing had ceased altogether.

Late in the afternoon we saw a few horsemen in the bottom apparently to observe us, and then fire was set to the grass in the valley. About 7 P. M. we saw emerge from behind the screen of smoke an immense moving mass crossing the plateau, going toward the Big Horn Mountains. A fervent "Thank God" that they had at last given up the contest was soon followed by grave doubts as to their motive for moving. Perhaps Custer had met Terry, and was coming to our relief. Perhaps they were short of ammunition, and were moving their village to a safe distance before making a final desperate effort to overwhelm us. Perhaps it was only a ruse to get us on the move, and then clean us out.

The stench from the dead men and horses was now exceedingly offensive, and it was decided to take up a new position nearer the river. The companies were assigned positions, and the men were put to work digging pits with the expectation of a renewal of the attack. Our loss on the hill had been eighteen killed and fifty-two wounded.

During the night Lieutenant DeRudio, Private O'Neal, Mr. Girard, the interpreter, and Jackson, a half-breed scout, came to our line. They had been left in the bottom when Reno made his retreat.

In this narrative of the movements

immediately preceding, and resulting in the annihilation of the men with Custer, I have related facts substantially as observed by myself or as given to me by Chief Gall of the Sioux. His statements have been corroborated by other Indians, notably the wife of "Spotted Horn Bull," an intelligent Sioux squaw, one of the first who had the courage to talk freely to any one who participated in the battle.

In 1886, on the tenth anniversary, an effort was made to have a reunion of the survivors at the battle-field. Colonel Benteen, Captains McDougall and Edgerly, Dr. Porter, Sergeant Hall, Trumpeter Penwell and myself met there on the 25th of June. Through the kind efforts of the officers and of the ladies at Fort Custer, our visit was made as pleasant as possible. Through the personal influence of Major McLaughlin, Indian agent at Standing Rock Agency, Chief Gall was prevailed upon to accompany the party and describe Custer's part in the battle. We were unfortunate in not having an efficient and truthful interpreter on the field at the reunion. The statements I have used were, after our return to the agency, interpreted by Mrs. McLaughlin and Mr. Farribault, of the agency, both of whom are perfectly trustworthy and are familiar with the Sioux language.

It has previously been noted that General Custer separated from Reno before the latter crossed the Little Big Horn under orders to charge the village. Custer's column bore to the right of the river (a sudden change of plan, probably); a ridge of high bluffs and the river separated the two commands, and they could not see each other. On this ridge, however, Custer and the staff were seen to wave their hats, and heard to cheer just as Reno was beginning the attack; but Custer's troops were at that

time a mile or more to his right. It was about this time that the trumpeter was sent back with Custer's last order to Benteen. From this place Custer could survey the valley for several miles above and for a short distance below Reno; yet he could only see a part of the village; he must, then, have felt confident that all the Indians were below him; hence, I presume, his message to Benteen. The view of the main body of the village was cut off by the highest points of the ridge, a short distance from him. Had he gone to this high point he would have understood the magnitude of his undertaking, and it is probable that his plan of battle would have been changed. We have no evidence that he did not go there. He could see, however, that the village was not breaking away toward the Big Horn Mountains. He must, then, have expected to find the squaws and children fleeing to the bluffs on the north, for in no other way do I account for his wide detour to the right. He must have counted upon Reno's success, and fully expected the "scatteration" of the non-combatants with the pony herds. The probable attack upon the families and capture of the herds were in that event counted upon to strike consternation in the hearts of the warriors, and were elements for success upon which General Custer fully counted in the event of a daylight attack.

When Reno's advance was checked, and his left began to fall back, Chief Gall started with some of his warriors to cut off Reno's retreat to the bluffs. On his way he was excitedly hailed by "Iron Cedar," one of his warriors, who was on the high point, to hurry to him, that more soldiers were coming. This was the first intimation the Indians had of Custer's column; up to the time of this incident they had supposed that all

the troops were in at Reno's attack. Custer had then crossed the valley of the dry creek, and was marching along the well up the slope of the bluff forming the second ridge back of the river, and nearly parallel to it. The command was marching rapidly in column of fours, and there was some confusion in the ranks, due probably to the unmanageableness of some excited horses.

The accepted theory for many years after the battle, and still persisted in by some writers, was that Custer's column had turned the high bluffs near the river, moved down the dry (Reno's) creek, and attempted to ford the river near the lowest point of these bluffs; that he was there met by an overpowering force and driven back; that he then divided his battalion, moved down the river with the view of attacking the village, but met with such resistance from the enemy posted along the river bank and ravines that he was compelled to fall back, fighting, to the position on the ridge. The numerous bodies found scattered between the river and ridge were supposed to be the first victims of the fight. I am now satisfied that these were men who either survived those on the ridge or attempted to escape the massacre.

Custer's route with his column was never nearer the river or village than his final position on the ridge. The wife of "Spotted Horn Bull," when giving me her account of the battle, persisted in saying that Custer's column did not attempt to cross at the ford, and appealed to her husband, who supported her statement. On the battlefield in 1886, Chief Gall indicated Custer's route to me, and it then flashed upon me that I myself had seen Custer's trail. On June 28, while we were burying the dead, I asked Major Reno's permission to go on the high ridge east or back of the field to look for tracks of shod horses to ascer-

tain if some of the command might not have escaped. When I reached the ridge I saw this trail, and wondered who could have made it, but dismissed the thought that it had been made by Custer's column, because it did not accord with the theory with which we were then filled, that Custer had attempted to cross the ford, and this trail was too far back, and showed no indication of leading toward the ford. Trumpeter Penwell was my orderly and accompanied me. It was a singular coincidence that in 1886 Penwell was stationed at Fort Custer, and was my orderly when visiting the battle-field. Penwell corroborated my recollection of the trail.

The ford theory arose from the fact that we found there numerous tracks of shod horses, but they evidently had been made after the Indians had possessed themselves of the cavalry horses, for they rode them after capturing them. No bodies of men and horses were found anywhere near the ford, and these facts are conclusive to my mind that Custer did not go to the ford with any body of men.

As soon as Gall had personally confirmed Iron Cedar's report he sent word to the warriors battling against Reno, and to the people of the village. The greatest consternation prevailed among the families, and orders were given for them to leave at once. Before they could do so, the great body of warriors had left Reno, and hastened to attack Custer. This explains why Reno was not pushed when so much confusion at the river crossing gave the Indians every opportunity of annihilating his command. Not long after the Indians began to show a strong force in Custer's front, Custer turned his column to the left, and advanced in the direction of the village to near a place now marked as a spring, halted at the junction of the ravines

just below it, and dismounted two troops, Keogh's and Calhoun's, to fight on foot. These two troops advanced at double-time to a knoll, now marked by Crittendon's monument. The other three troops, mounted, followed them a short distance in their rear. The led horses remained where the troops dismounted. When Keogh and Calhoun got to the knoll the other troops marched rapidly to the right; Smith's troops deployed as skirmishers, mounted, and took position on a ridge, which, on Smith's left, ended in Keogh's position (now marked by Crittenden's monument), and, on Smith's right, ended at the hill on which Custer took position with Yates and Tom Custer's troops, now known as Custer's Hill, and marked by the monument erected to the command. Smith's skirmishers, holding their gray horses, remained in groups of fours.

The line occupied by Custer's battalion was the first considerable ridge back from the river, the nearest point being about half a mile from it. His front was extended about three-fourths of a mile. The whole village was in full view. A few hundred yards from his line was another but lower ridge, the further slope of which was not commanded by his line. It was here that the Indians under Crazy Horse from the lower part of the village, among whom were the Cheyennes, formed for the charge on Custer's Hill. All Indians had now left Reno. Gall collected his warriors, and moved up a ravine south of Keogh and Calhoun. As they were turning this flank they discovered the led horses without any other guard than the horse-holders. They opened fire on the horse-holders, and used the usual device to stampede the horses—that is, yelling, waving blankets, etc.; in this way they succeeded very soon and the horses were

caught up by the squaws. In this disaster Keogh and Calhoun probably lost their reserve ammunition, which was carried in the saddle-bags. Gall's warriors now moved to the foot of the knoll held by Calhoun. A large force dismounted and advanced up the slope far enough to be able to see the soldiers when standing erect, but were protected when squatting or lying down. By jumping up and firing quickly, they exposed themselves only for an instant, but drew the fire of the soldiers, causing a waste of ammunition. In the meantime, Gall was massing his mounted warriors under the protection of the slope. When everything was in readiness, at a signal from Gall the dismounted warriors rose, fired, and every Indian gave voice to the war-whoop; the mounted Indians put whip to their ponies, and the whole mass surged upon and crushed Calhoun. The maddened mass of Indians was carried forward by its own momentum over Calhoun and Crittenden down into the depression where Keogh was, with over thirty men, and all was over on that part of the field.

In the meantime, the same tactics were being pursued and executed around Custer's Hill. The warriors, under the leadership of Crow-King, Crazy Horse, White Bull, "Hump," and others, moved up the ravine west of Custer's Hill, and concentrated under the shelter of the ridges on his right flank and back of his position. Gall's bloody work was finished before the annihilation of Custer was accomplished, and his victorious warriors hurried forward to the hot encounter then going on, and the frightful massacre was completed.

Smith's men had disappeared from the ridge, but not without leaving enough dead bodies to mark their line. About twenty-eight bodies of men belonging to this troop and other organizations were

found in one ravine nearer the river. Many corpses were found scattered over the field between Custer's line of defense, the river, and in the direction of Reno's Hill. These, doubtless, were of men who had attempted to escape; some of them may have been sent as couriers by Custer. One of the first bodies I recognized was that of Sergeant Butler of Tom Custer's troop. Sergeant Butler was a soldier of many years' experience and known courage. The indications were that he had sold his life dearly, for near and under him were found many empty cartridge shells.

All the Indian accounts that I know of agree that there was no organized close-quarters fighting, except on the two flanks; that with the annihilation at Custer's Hill the battle was virtually over. It does not appear that the Indians made any advance to the attack from the direction of the river; they did have a defensive force along the river and in the ravines which destroyed those who left Custer's line.

There was a great deal of firing going on over the field after the battle by the young men and boys riding about and shooting into the dead bodies.

Tuesday morning, June 27, we had reveille without the "morning guns," enjoyed the pleasure of a square meal, and had our stock properly cared for. Our commanding officer seemed to think the Indians had some "trap" set for us, and required our men to hold themselves in readiness to occupy the pits at a moment's notice. Nothing seemed determined except to stay where we were. Not an Indian was in sight, but a few ponies were seen grazing down in the valley.

About 9:30 A. M., a cloud of dust was observed several miles down the river. The assembly was sounded, the horses were placed in a protected situation, and camp kettles and canteens were

filled with water. An hour of suspense followed; but from the slow advance we concluded that they were our own troops. "But whose command is it?" We looked in vain for a gray horse troop. It could not be Custer; it must then be Crook, for if it was Terry, Custer would be with him. Cheer after cheer was given for Crook. A white man, Harris, I think, soon came up with a note from General Terry, addressed to General Custer, dated June 26, stating that two of our Crow scouts had given information that our column had been whipped and nearly all had been killed; that he did not believe their story, but was coming with medical assistance. The scout said that he could not get to our lines the night before, as the Indians were on the alert. Very soon after this Lieutenant Bradley, 7th Infantry, came into our lines, and asked where I was. Greeting most cordially my old friend, I immediately asked, "Where is Custer?" He replied, "I don't know, but I suppose he was killed, as we counted 197 dead bodies. I don't suppose any escaped." We were simply dumbfounded. This was the first intimation we had of his fate. It was hard to realize; it did seem impossible.

General Terry and staff, and officers of General Gibbon's column soon after approached, and their company was greeted with prolonged, hearty cheers. The grave countenance of the General awed the men to silence. The officers assembled to meet their guests. There was scarcely a dry eye; hardly a word was spoken, but quivering lips and hearty grasping of hands gave token of thankfulness for the relief and grief for the misfortune.

During the rest of the day we were busy collecting our effects and destroying surplus property. The wounded were cared for and taken to the camp of our new friends of the Montana column.

Among the wounded was Saddler "Mike" Madden of my troop, whom I promoted to be sergeant, on the field, for gallantry. Madden was very fond of his grog. His long abstinence had given him a famous thirst. It was necessary to amputate his leg, which was done without administering any anesthetic; but after the amputation the surgeon gave him a good, stiff drink of brandy. Madden eagerly gulped it down, and his eyes fairly danced as he smacked his lips, and said, "M-eh, doctor, cut off my other leg."

On the morning of the 28th we left our intrenchments to bury the dead of Custer's command. The morning was bright, and from the high bluffs we had a clear view of Custer's battle-field. We saw a large number of objects that looked like white boulders scattered over the field. Glasses were brought into requisition, and it was announced that these objects were the dead bodies. Captain Weir exclaimed, "Oh, how white they look!"

All the bodies, except a few, were stripped of their clothing. According to my recollection, nearly all were scalped or mutilated, but there was one notable exception, that of General Custer, whose face and expression were natural; he had been shot in the temple and in the left side. Many faces had a pained, almost terrified expression. It is said that "Rain-in-the-face," a Sioux warrior, had gloried that he had cut out and had eaten the heart and liver of one of the officers. Other bodies were mutilated in a disgusting manner. The bodies of Dr. Lord and Lieutenants Porter, Harrington and Sturgis were not found, at least not recognized. The clothing of Porter and Sturgis was found in the village, and showed that they had been killed. We buried, according to my memoranda, 212 bodies. The killed of the entire

command was 265, and of wounded we had 52.

The question has been often asked, "What were the causes of Custer's defeat?" I should say:

First. The overpowering numbers of the enemy and their unexpected cohesion.

Second. Reno's panic rout from the valley.

Third. The defective extraction of the empty cartridge shells from the carbines.

Of the first, I will say that we had nothing conclusive on which to base calculations of the numbers—and to this day it seems almost incredible that such great numbers of Indians should have left the agencies, to combine against the troops, without information relating thereto having been communicated to the commanders of troops in the field, further than that heretofore mentioned. The second has been mentioned incidentally. The Indians say if Reno's position in the valley had been held, they would have been compelled to divide their strength for the different attacks, which would have caused confusion and apprehension, and prevented the concentration of every able-bodied warrior upon the battalion under Custer; that, at the time of the discovery of Custer's advance to attack, the chiefs gave orders for the village to move, to break up; that, at the time of Reno's retreat, this order was being carried out, but as soon as Reno's retreat was assured the order was countermanded, and the squaws were compelled to return with the pony herds; that the order would not have been countermanded had Reno's forces remained fighting in the bottom. Custer's attack did not begin until after Reno had reached the bluffs.

Of the third we can only judge by our own experience. When cartridges

were dirty and corroded the ejectors did not always extract the empty shells from the chambers, and the men were compelled to use knives to get them out. When the shells were clean no great difficulty was experienced. To what extent this was a factor in causing the disaster we have no means of knowing.

A battle was unavoidable. Every man in Terry's and Custer's commands expected a battle; it was for that purpose, to punish the Indians, that the command was sent out, and with that determination Custer made his preparations. Had Custer continued his march southward—that is, left the Indian trail—the Indians would have known of our movement on the 25th, and a battle would have been fought very near the same field on which Crook had been attacked and forced back only a week before; the Indians never would have remained in camp and allowed a concentration of several columns to attack them. If they had escaped without punishment or battle Custer would undoubtedly have been blamed.

E. S. GODFREY,
Captain, 7th Cavalry.

(To be continued.)

The objection to learning one new thing each day is the difficulty of remembering what you learned last month.—Saginaw Star.

Europe could easily pay its debt to us by raising the income tax of lecturers who come over here to tell us what dollar-chasers we are.—Brooklyn Eagle.

An Indiana man paid \$500 for a bee, and there have been nights when we would have almost paid that for a certain mosquito.—American Lumberman.

The only thing that worries us is that England may retaliate by making us keep our Congressmen at home.—The New Yorker.

Facetiae Medicorum

Anticipation

(From La Porte (Texas) Chronicle)
George Norris was on jury duty in Houston all of next week and part of this week.

The Unconventional Southwest

(Ad in the Dallas News)

Under new management, vacancy for two young men. Young lady to share delightful bedroom. References.

Beats the Daily Dozen

(From the Perry (Iowa) Daily Chief)
Take the victim from the water. Lay him on the ground or floor in an airy place, face downward, with arms pulled higher than the level of the shoulders. Bend one of the person's forearms, so that the mouth and nose rest on the back of the head.

Two Last Words, Perhaps

A woman doesn't always get the last word—sometimes she is talking to another woman.—Pitt Panther.

Privileged Lecturers

The only two people a man will allow to talk to him that way are his wife and the traffic cop.—Cincinnati Enquirer.

Fits Will Be Mutual

"This is the gown, madame. I guarantee a fit."

"What is the price?"

"Two hundred dollars."

"I also guarantee a fit when my husband hears that."—Louisville Courier-Journal.

Such a Poor Memory!

First Movie Actress—"Hear you're married again, Sophie—whom did you marry this time?"

Second Movie Actress—"Ed—er—I believe I've got his card in my bag somewhere."—Judge.

\$2.00 A Year in Advance

Single Copies 25 Cents

The Chicago Medical Recorder

Representing
THE AMERICAN ASSOCIATION FOR THE
STUDY OF GOITER
TRI-STATE MEDICAL SOCIETY
(ILLINOIS—IOWA—MISSOURI)
MEDICO-LEGAL SOCIETY

EDITORIAL BOARD

DR. E. W. ANDREWS	DR. EPHRAIM K. FINDLAY	DR. CHAS. H. PARKES
DR. FRANK T. ANDREWS	DR. H. H. FROTHINGHAM	DR. SAMUEL C. PLUMMER
DR. WALTER S. BARNES	DR. ROBERT GAY	DR. ARTHUR R. REYNOLDS
DR. W. L. BAUM	DR. L. A. GREENSFELDER	DR. LOUIS E. SCHMIDT
DR. CHARLES C. BEERY	DR. JAMES A. HARVEY	DR. OTTO L. SCHMIDT
DR. R. W. BISHOP	DR. JUNIUS C. HOAG	DR. E. P. SLOAN
DR. HENRY T. BYFORD	DR. M. J. HUBENY	DR. MEYER SOLOMON
DR. FRANK CARY	DR. HUGH N. MACKECHNIE	DR. D. A. K. STEELB
DR. A. CHURCH	DR. FRANKLIN H. MARTIN	DR. LEE ALEX. STONE
DR. A. M. CORWIN	DR. FREDERICK MENGE	DR. HOMER M. THOMAS
DR. E. J. DOERING	DR. ALFRED N. MURRAY	DR. JOHN L. TIERNEY
DR. F. J. H. FARRELL	DR. WM. E. KENDALL	DR. RALPH W. WEBSTER

DR. P. C. E. TRIBE
12 Half Moon St., Piccadilly
LONDON, W. I.

COMMITTEE ON PUBLICATION

E. J. DOERING HENRY T. BYFORD A. P. REYNOLDS JOHN L. TIERNEY

EDITOR

THE AMERICAN ASSOCIATION FOR THE STUDY OF GOITER
E. P. SLOAN
Bloomington Ill.

Volume XLVII

CHICAGO, ILL., NOVEMBER, 1925

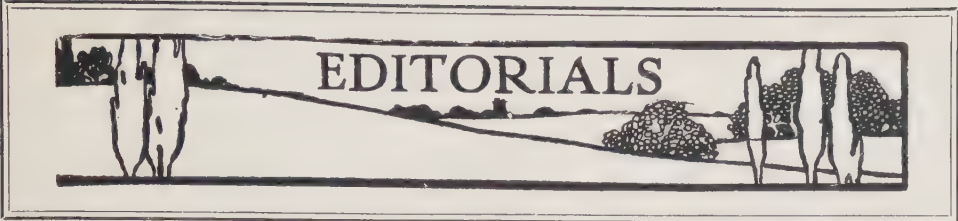
Number Eleven

PUBLISHED MONTHLY

MEDICAL RECORDER PUBLISHING COMPANY, 81 E. MADISON ST., CHICAGO, ILLINOIS

The Editors and publishers are not responsible for the views of authors expressed in these pages

To Canada and Foreign Countries \$2.50



EDITORIALS

ESCAPE

The greater part of our amusements and much of all of our living seems to be grounded in an effort to escape. We go to the theatre to escape boredom; we seek other people in order to get away from ourselves or we demand privacy that we may get away from others. From early childhood on we make an effort to escape from ourselves to something outside ourselves; to be concerned with our education, our work, our play, our families and our friends, not because of values we find in them but because they seem to offer an escape from some torment within ourselves. And each of these, in turn, leads us on inevitably to other interests. Each, though it does not satisfy, holds out the promise of something further on which will satisfy; each distracts us from an inquiry into the obsessive urge that drives us on. We are like the Iowa farmer who gets up early in the morning to plow corn to feed hogs to make money to buy land to get up earlier in the morning to plow more corn to feed more hogs to make more money to buy more land to get up earlier in the morning—! Pursuit becomes the thing and we are too busy with it to ask what it's all about. We need such a challenge as that to Jean Christophe by his uncle: "You want to make beautiful songs so as to be a great man and you want to be a great man, so as to make beautiful songs. You are like a dog chasing its own tail."

Perhaps if we were to question the nature of this ceaseless striving it might remind us to the senseless stampede of

cattle. It seems hardly possible that such frenzied running after phantoms can satisfy our human needs. Perhaps, after all, there is nothing to escape from—nothing to escape to. Perhaps we can never get away from ourselves to others or from others into ourselves.—*Mental Health*.

THE PHYSICIANS' HOME, INC.

[We cordially endorse the following Endowment Fund Campaign and solicit the earnest effort of our readers.—EDITOR.]

Announcement was made recently by President Robert T. Morris, M. D., of The Physicians' Home, Inc., that an endowment campaign has been started by the Directors of the Home for the purpose of raising funds to endow a *national home* for aged and incapacitated physicians who are left without financial resources in the autumn of life.

The sum sought for the home has not yet been determined, but it should run into several millions of dollars, so as to guarantee the upkeep, through interest, of the national home and the several smaller units to be placed in the different states as may be determined later.

The Physicians' Home, Inc., is not an experiment in any sense. Four years ago one unit was established at Caneadea, N. Y., through the generosity of Dr. Stephen V. Mountain, who generously donated the property and building at Caneadea, N. Y., and it has met with such great success that the directors believe it their duty to enlarge the scope

of the enterprise, because of the large waiting list which they are unable to accommodate at the Caneadea Unit.

The general plan outlined by Dr. Robert T. Morris and his associates, is to care for a thousand or more physicians at the national home and a dozen or more individuals in the smaller units.

At the present writing it would seem that a million and a half or two million dollars would be necessary, which sum would be invested in bonds of the secur-est and highest earning value, so as to secure an adequate return in interest to maintain the home and the units without recurring appeals to the medical profession or to the lay-man and woman.

The directors have in mind certain properties that will be had through gift or purchase. The character of the directors is such that the project is guaranteed as to its worthiness and feasibility.

The directors have had the project of a national home in mind for several years, but being practical men they thought they would try it out in the unit established at Caneadea, N. Y., and the success of this unit has been such that they now feel the time is propitious for a national campaign to which the medical profession will be asked to subscribe as their circumstances permit and public spirited citizens also will be asked to contribute.

The plan of campaign is not in any sense a "Drive." The funds are to be secured through the organization of interested groups in the various cities and towns, and it will take probably a year in this way to put over a campaign that will be dignified and in accordance with the high standard and ethics of the medical profession.

Dr. Charles H. Mayo of Rochester, Minn., has given his unqualified endorsement to the movement and is heading the Committee of Sponsors who will

have the campaign in charge. Other prominent physicians and lay-men will also serve as sponsors.

The officers and directors of The Physicians' Home, Inc., are Robert T. Morris, M. D., President, 114 East 54th Street, New York, N. Y.; William H. Dieffenbach, M. D., Vice-President, 50 Central Park West, New York, N. Y.; Albert G. Weed, M. D., Treasurer, 152 West 57th Street, New York, N. Y.; Silas F. Hallock, M. D.; Secretary, 901 Lexington Avenue, New York, N. Y.; Warren Coleman, M. D., 59 East 54th Street, New York, N. Y.; Max Einhorn, M. D., 20 East 63rd Street, New York, N. Y.; Wolff Freudenthal, M. D., 24 W. 88th Street, New York, N. Y.; J. Richard Kevin, M. D., 252 Gates Avenue, Brooklyn, New York; Stephen V. Mountain, M. D., Olean, N. Y.; Ralph Waldo, M. D., 54 West 71st Street, New York, N. Y.

The campaign will be in charge of Mr. Charles Capehart and Mr. James F. MacGrath, and the national headquarters have already been opened on the 22nd floor of the Times Building at 42nd Street and Broadway, New York City, to which all inquiries should be sent.

All checks should be drawn to the order of "The Physicians' Home, Inc.," and should be forwarded to Dr. Albert G. Weed, National Treasurer, 22nd floor of the Times Building, 42nd Street and Broadway, New York City.

This is the first movement of its kind for physicians in America seeking to secure funds, the income from which will sustain an institution or a series of institutions, having for their purpose the care of those in the medical profession who through generosity, unpaid service, or who through their devotion to the pure science of medicine and laboratory investigation with its small financial return, or who through illness or incapac-

ity find themselves in their declining years unable to provide themselves and their dependents with the necessities of life.

Of course, the medical profession has its percentage of those who have not had the training or opportunity to lay away sufficient money to finance them in their old age. Then, there are those who have not had the habit of collecting their bills, and who have suffered thereby; and it also will include the younger men in the profession, who, falling ill, have no place to go and none to care for them during their illness. To these latter this home and its units will prove a great blessing and God-send in administering to their needs until they regain health and can again take up the work of their profession.

This is not intended as a pauperizing movement, nor is the campaign to be one in which there is to be a "sob-element." It is rather to be a dignified effort on the part of the profession itself to take care of its own needy ones and who ask the cooperation of the generous and well-to-do lay-men and women to help.

From time to time we shall take pleasure in publishing the news of the campaign as it proceeds and it is our earnest hope that the medical profession will answer the call and will send generous contributions to the National Treasurer without waiting to be solicited further.

In no case more than in this appeal can one more definitely give twice by giving what he can quickly. The sooner funds are received the sooner the enterprise will be serving the deserving physicians.

The name tentatively selected for the Home is "Tranquility"; a name that adequately defines peaceful comfort to all found within its walls.

The general plan is to have the Home so laid out that it will typify a real home within which are to be found all those little creature comforts essential to the peace of body and mind of those who are to be the beneficiaries.

One of the features will be a laboratory where the old physician may continue his investigations and study, and thus give him an opportunity of employing head and hand and heart for the advancement of his profession.

Another feature of the Home will be provision for the wife or other dependents of the physician so that families may not be broken up.

It is anticipated that the campaign will be inaugurated by a banquet in New York City to which the profession generally will be invited, as well as prominent lay-men and women.

Speakers of national repute and standing will launch the enterprise.

"You," said Adam, "are the first girl I ever loved." That's the way it got started.—Peru (Ind.) Tribune.

It isn't a genuine boom if anybody buys real estate with the intention of keeping it.—Vincennes (Ind.) Sun.

A loyal American is one who gets mad when an alien cusses the institutions he cusses.—Huntington Herald.

Nature is cruel. How many muskrats and minks and cats must die to make one seal-skin.—Burlington Hawk-Eye.

In the old days all the money gravitated to New York, but that was before Florida was discovered.—Boston Post.

The reason it is difficult for a man to marry his ideal is because she is after her ideal, also.—Colorado Springs Gazette.

At any rate it gives you a safe feeling to discover that all branches of the Service enjoy a good fight.—Associated Editors (Chicago).



A TEXTBOOK OF GENERAL BACTERIOLOGY. By Edwin O. Jordan, Ph.D., Professor of Bacteriology in the University of Chicago and in Rush Medical College. Eighth Edition, thoroughly revised. Octavo of 752 pages, fully illustrated. Philadelphia and London: W. B. Saunders Company, 1924, Cloth, \$5.00 net.

Jordan's book is so well known, having reached its eighth edition, that there is little more we can say in addition to what we have printed in previous editions. We believe it is only a year or so since the seventh edition appeared, which certainly shows a thorough appreciation by all the profession of Professor Jordan's superexcellent work. The present edition has, of course, been thoroughly revised and some chapters, like the one on bacteriophage phenomenon especially so. New material has been added on tularemia, botulism, scarlet fever, and other subjects. All that is necessary to say is that this book stands now, as it always will, one of the foremost on bacteriology.

GYNECOLOGIC UROLOGY. By Lynn Lyle Fulkerson, A. B., M. D., F. A. C. S., Assistant Professor of Gynecology, New York Post Graduate Medical School; Instructor in Obstetrics and Gynecology, Cornell University Medical School; Surgeon Cornell University Medical School Clinic; Associate Gynecologist Lutheran Hospital of Manhattan; Assistant attending Gynecologist, New York Post Graduate Hospital; Fellow of

the New York Academy of Medicine; Fellow of the American Urological Association. With 166 illustrations including 86 original and 14 color plates. Philadelphia. P. Blakiston's Son & Co., 1012 Walnut St.

This excellent book can be highly commended to all those interested in the subject of gynecologic urology. It treats of the technique of endoscopy and cystoscopy in the female and the diagnosis and treatment of the diseases of the urological tract. The technique of ordinary operations of the kidneys, ureters, bladder and urethra are also included in this volume. The book is a very valuable addition to our literature on the subject. The treatment throughout is up to date, and the book is splendidly illustrated, more than half the pictures representing original work. In short, this volume is a splendid guide for the general practitioner and the student in this special field of work. We recommend it most highly to our readers.

ALLERGY ASTHMA, HAY FEVER, URTICARIA AND ALLIED MANIFESTATIONS OF REACTION. By William W. Duke, Ph.B., M. D., Kansas City, Missouri. With 75 illustrations. C. V. Mosby Company, St. Louis, Mo. Price, \$5.50.

The book before us represents a thorough study of the intricate subject of which it treats and gives us all the information which we now possess. In addition, the book is not merely a resume of the subject but contains many thoughtful suggestions on the part of the author. We recommend all those in-

If You Use It Once--

you will readily understand why so many physicians in choosing a reconstructive tonic invariably order or prescribe.

Gray's Glycerine Tonic Comp.

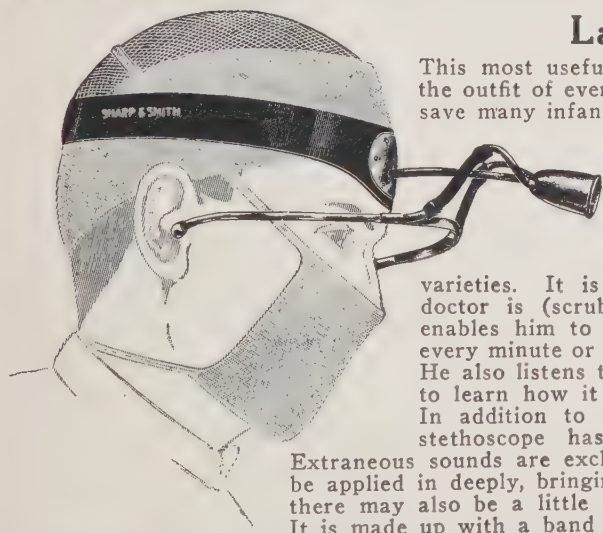
(Formula Dr. John P. Gray)

Its results will not be uncertain nor delayed, and like so many other practitioners, you will be impressed with their prompt, positive and permanent character. Best of all, your patients will be as quick to note its effects and appreciate the substantial nature of the benefits they will uniformly obtain.

The fact that Gray's Glycerine Tonic has been serving the profession for over a third of a century and that every year witnesses its increased use by discriminating medical men, "tells its own story."

The Purdue Frederick Co., 135 Christopher St., New York City

The De Lee-Hillis Head Stethoscope Latest Model



This most useful instrument should be part of the outfit of every obstetric practitioner. It will save many infants' and mothers' lives.

It was designed especially for use during the second stage of labor of both (spontaneous and operative), but it is even more useful for all the purposes of a stethoscope than the usual varieties. It is worn on the head after the doctor is (scrubbed up) for the delivery and enables him to listen to the fetal heart tones every minute or two without infecting his hands. He also listens to the mother's heart frequently to learn how it is bearing the strain of labor. In addition to this great advantage the head stethoscope has valuable acoustic properties.

Extraneous sounds are excluded; by pressure the bell can be applied in deeply, bringing it closer to the fetal heart—there may also be a little audition from bone conduction. It is made up with a band over the top of the head, with a circular fibre head band and, for easy portability, with a ribbon woven strap.

SHARP & SMITH

General Surgical Supplies

Est. 1844

65 E. Lake St., Between Wabash Ave. and Michigan Blvd., Chicago, Ill.

Inc. 1904

Price, \$7.50 Each

terested in the subject to give the book a very careful study. There is still a great deal to learn on the subject of hypersensitiveness. This book is a decided advance in that direction. It is divided into two parts. Part one deals, among many other subjects, with bacterial allergy and illnesses in human beings traceable to specific hypersensitiveness and to material agents covering all the various subdivisions of the subject, including diseases, causes of irritation other than pollen, specific diagnosis, etc. Part two treats of the reactions caused specifically by action of physical agents such as light, heat, cold, mechanical irritation, freezing, and burns. The illustrations are numerous, mostly pictures of the various plants causing hay fever, etc. No one interested in this comprehensive subject will regret getting a copy of this book, studying it carefully, and giving his patients the benefit of the instruction that it contains.

SYMPTOMS OF VISCERAL DISEASE. A Study of the Vegetative Nervous System in its Relationship to Clinical Medicine by Francis Marion Pottenger, A. M., M. D., LL.D., F. A. C. P., Medical Director, Pottenger Sanatorium for Disease of the Lungs and Throat, Monrovia, California; Arthur of "Clinical Tuberculosis," "Tuberculin in Diagnosis and Treatment," "Muscle Spasm and Degeneration," etc. Third edition, with eighty-six text illustrations and ten color plates. The C. V. Mosby Company, St. Louis. Price, \$6.50.

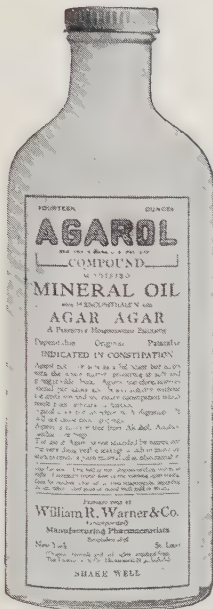
This is the third edition of this interesting book which we have reviewed very favorably during the last few years. It shows a great amount of research work and is certainly a very valuable

contribution to the subject discussed. The three editions which have appeared in five or six years show the general interest in the subject. This edition has been thoroughly revised and brought up to date, and one new chapter has been added on the relation of the ionic content and physical state of the cell to activity and nerve stimulation. As heretofore, we give this splendid work our earnest commendation in view of the fact that it contains so much original matter and is written by a thorough student of the subject.

AN INTRODUCTION TO OBJECTIVE PSYCHOPATHOLOGY. By G. V. Hamilton, M. D., Director of Psychobiological Research, Bureau of Social Hygiene, Inc., New York City, with foreword by Robert M. Yerkes, Ph.D., LL.D., Professor of Psychology, Yale University. C. V. Mosby Company, St. Louis, Mo. Price, \$5.00.

While we believe that the case records which fill practically the entire book could be very well condensed for the benefit of the reader, we have to admit that from a psychopathologic standpoint it is of interest. As the author hopes that this book will serve the useful purpose of focusing attention upon the importance of method in psychopathologic research, we can assume that he has certainly accomplished his objective, and while we are not enthusiastic on the whole subject as presented, and believe that many of these cases are simply hysterical subjects who would be much more rapidly improved by one or two treatments at the whipping post than by being encouraged to spend hours in telling salacious stories. But as long as such subjects are considered and published in detail we hope it will be useful to somebody.

MORE THAN A LAXATIVE



AGAROL is the *original* Mineral Oil—Agar-Agar Emulsion, and has these special advantages:

Perfectly homogenized and stable; pleasant taste without artificial flavoring; freedom from sugar, alkalies and alcohol; no contraindications; no oil leakage; no griping or pain; no nausea or gastric disturbances; no habit forming.

*A*MONG the newer remedies of proven worth, there is hardly one that has won the favor and esteem of thorough-going, conservative medical men more surely and completely than

AGAROL

—a fact directly due to the physiologic manner of its action and the remarkable dependability of its effects.

A brief consideration of the composition of Agarol—with its carefully balanced proportions of pure mineral oil, agar-agar and phenolphthalein—followed by a practical clinical test, will convince the most critical practitioner that here is no ordinary laxative that produces merely a single evacuation and then leaves the bowels more constipated than before, but a rational corrective that he can rely on to give him the aid he seeks in restoring the physiologic regularity of the bowels.

A generous trial quantity free upon request.

WILLIAM R. WARNER & CO., INC.

Manufacturing Pharmacutists since 1856

113-123 WEST 18th STREET - NEW YORK CITY

THE MEDICAL CLINICS OF NORTH AMERICA (Issued serially, one number every other month). Volume IX, Number II, New York Number, September, 1925). Octavo of 271 pages, with 24 illustrations. Per clinic year, (July, 1925, to May, 1926). Paper, \$12.00; Cloth, \$16.00 net. Philadelphia and London: W. B. Saunders Company.

This number is exceedingly interesting, containing contributions by Professors Harlow Brooks of New York University, Russell L. Cecil, Francis Evans, Ellis B. Foster, Malcolm Goodrich, all of Cornell University, Walter P. Anderson of Columbia University, Dana W. Atchley of the College of Physicians and Surgeons, and a number of others, all of high repute. Among the subjects treated, we may mention alkalosis, chronic nephritis, rheumatic heart disease, syphilis of the septal vascular system, icterus, pulmonary syphilis, and many other interesting subjects.

LUMBAR PUNCTURE. By Martin Pappenheim, M. D., Professor at the University of Vienna; Medical Superintendent of the Neurological Department, Municipal Infirmary, Vienna. Translated by George Caffrey, New York: William Wood & Co., 1925. \$5.00.

In this book the author discusses the subject of lumbar puncture and the cerebrospinal fluid from all angles—the technique, the dangers, spinal pressure measurement, the composition of the spinal fluid (physical, chemical and cytological, including the gold reaction, the Wassermann test, the flake precipitation reactions and the haemolysin test). The diagnostic and prognostic importance and the therapeutic applications are presented at length. In the appendix, encephalography and cistern puncture

are briefly described, the volume closing with a list of well-chosen references.

The work can be safely recommended as a reliable guide by one who has made himself expert in his field.

MEYER SOLOMON.

THE PRACTICAL MEDICINE SERIES, Volume VIII, Nervous and Mental Diseases. Edited by Peter Bassoe, Clinical Professor of Neurology, Rush Medical College of the University of Chicago. Series 1924. Chicago: The Year Book Publishers. \$1.25.

This volume lives up to the reputation of the Practical Medicine Series. Bassoe has made a careful and interesting selection of articles on nervous and mental diseases and has given us abstracts which are thoroughly satisfying. Under nervous diseases are included discussions on the neuroses, meningeal conditions, epidemic encephalitis, neurosyphilis, brain tumors, basal ganglionic disease, etc., while under mental diseases the different sections are devoted to mental hygiene, psychoanalysis, the psychoneuroses, dementia precox, etc.

The book, taken as a whole, gives one a good idea of the present-day problems in the field of nervous and mental disorders.

MEYER SOLOMON.

Forty ships stranded in the Welland Canal because of low water. We had no idea Canada was making so much of that "four-by-four" stuff.—Milwaukee Journal.

Scientists have about come to the conclusion that the mounds in the Middle West were built by the mound-builders.—Florida Times-Union.

Published reports of income taxes show that Wilbur Glenn Voliva of Zion City pays \$15,100. No wonder the world is flat.—Life.



Ideal for Recuperation

Why not French Lick Springs for your patients requiring rest and a change of atmosphere? The environment here is ideal for rest, recuperation and healthful pastime. Your patients will be cared for just as you indicate as to diet, exercise and treatment.

Pluto Water, bottled at French Lick, is a dependable, efficacious eliminant of known potency and unvarying standard. On sale at all drug stores.

Pluto sample and literature to the Medical Profession on request.

FRENCH LICK SPRINGS HOTEL COMPANY, French Lick, Indiana

NAFTALAN

(Lanaftal—Stiewe)

(Magdeburg—Germany)

Anaesthetic, reducing Antiphlogistically and Antiseptic.

FOR THE TREATMENT OF ACUTE AND CHRONIC ECZEMA.

After an absence of seven years from the American market, due to war conditions this *valuable product* is again obtainable.

Literature and samples mailed on request.

Your Druggist will be glad to dispense NAFTALAN (STIEWE) on your prescriptions.

Sole distributors for the United States.

**Ft. Dearborn Drug & Chemical Company
INCORPORATED**

214 West Main St. - LOUISVILLE, KY.

THE PEOPLES HOSPITAL AND TRAINING SCHOOL FOR NURSES

The Ideal Wage Earners Hospital of Chicago

22nd Street at Archer Ave.

CHICAGO

Prepared to care for emergency Cases day or night. A full Corps of experienced Physicians and Nurses always in attendance. Affiliated with the Northwestern Medical School. We solicit the co-operation of all Physicians.

Ward Rates \$15.00 Per Week, Private Room Rates
\$30.00 to \$45.00 per week.

Phones Victory 2040 and 2041.

I. C. Gary, Pres. Minnie Schrei, Supt. Tillie Schaer, Associate Supt.

SAL HEPATICA

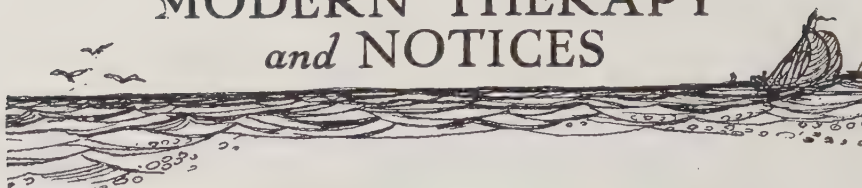
LAXATIVE and ELIMINANT

Efficacious in all conditions where intestinal sluggishness arising from functional derangement of the liver and portal circulation is a factor. Sal Hepatica cleans the entire alimentary canal.

Samples for Clinical Purposes

**Bristol-Myers Co.
New York**

MODERN THERAPY *and* NOTICES



"BIOLOGICAL PRODUCTS"

This term, as commonly understood, means simply serums, or serums and vaccines. There are many other biological products, but these two predominate in professional estimation of the class as a whole. The manufacturers of serums and vaccines are licensed by the Federal Government after due investigation of the equipment, material and personnel of the plant. This ensures the quality of the finished product, up to a minimum standard.

But there is competition among the different manufacturers, and the best selling point is not simply that the goods are up to standard, but that they are better than the law requires, as good in fact as the latest discoveries in applied bacteriology render possible. Equipment above and beyond the minimum is a great advantage, and long experience is another. To give his patient the best possible service, the physician should, if he thinks there is any difference between one manufacturer's product and that of another, specify his preference in ordering supplies.

Our readers should not miss Parke, Davis & Company's advertisement headed "Differences in Biological Products" which appears in this issue.

LESS DIPHTHERIA

The United States Public Health Reports seem to indicate a general falling off in the number of diphtheria cases in this country, and it seems only fair to assume that at least a part of this decrease comes as a result of the im-

munization work which has been conducted by many health agencies.

Super Concentrated Diphtheria Antitoxin is the ideal product for therapeutic treatment of diphtheria cases and prophylactic treatment of contacts, because of its less bulk—less pain—quicker results.

But, Antitoxin is no longer our sole weapon with which to combat diphtheria. The Schick Test, to determine susceptibility, and the Toxin-Antitoxin Mixture Treatment, to protect susceptible individuals, have changed the picture completely.

A unique and valuable service is rendered to physicians and health officers who use the Schick Test Toxin and T-A-Mixture Products of the Mulford Laboratories. Posters, circulars, consent slips, etc., are supplied, thus aiding materially in the work.

For further information regarding this service, as well as a description of the products themselves, you may address H. K. Mulford Company, Mulford Building, Philadelphia, Pa., and mention this Journal.

THE CHILD'S APPETITE

Every physician whose work includes the medical supervision of children from 2 to 12 years of age, appreciates the difference that exists among such young subjects as regards the appetite. Some children, perhaps the minority, are voracious and always hungry. These are usually of the phlegmatic type. Others, with a more delicate nervous organization, seem to care nothing for their meals and are either threatened or cajoled by

ENDOCRINE REMEDIES

BY A RELIABLE HOUSE

ORGAN-O-TONES No. 19 (Thyro-Pituitary Co.)

Thyroid substance	1/2 gr.	Apocynum (P. E.)	1/4 gr.
Pituitary (whole)	1/4 gr.	Organotones No. 12 q. s.	7 grs.
Phytolaccin	1/2 gr.		

Prescribe: Rx—One to two capsules three or four times daily.

Indications: Obesity.

Remarks: The thyroid and pituitary both have to do with metabolism. Hypofunction of either results in decreased and sluggish metabolism. By combining these glands with phytolaccin, apocynum and Organotones No. 12, very satisfactory results have been obtained.

ORGAN-O-TONES No. 4 (Ovarian Co.)

Ovarian substance	3 grs.	Thyroid substance	1/10 gr.
Pituitary (total)	1/8 gr.	Organotones No. 12	2 grs.

Prescribe: Rx—Organ-o-tons No. 4—Ovarian Co. One capsule four times daily, after meals and at bed time.

Indications: Amenorrhea; Dysmenorrhea; sexual apathy; sterility; irregularities at puberty and the menopause; malnutrition accompanying under physical development of young girls.

Remarks: One of the most effective of the endocrine remedies. Due to the fact that dysovarianism is more often of thyroid or pituitary origin than ovarian, this formula has proved beneficial in cases where ovarian substance alone had been tried without results.

Write us for Endocrine booklet.

COLE CHEMICAL COMPANY, Dep't R

3727 Laclede Avenue

St. Louis, Missouri

TESTOGAN

For Men

THELYGAN

For Women

Formula of Dr. Iwan Bloch

After eight years' clinical experience these products stand as proven specifics

INDICATED IN SEXUAL IMPOTENCE AND INSUFFICIENCY OF THE SEXUAL HORMONES

They contain SEXUAL HORMONES, i. e., the hormones of the reproductive glands and of the glands of internal secretion.

Special Indications for Testogan:

Sexual infantilism and eunuchoidism in the male. Impotence and sexual weakness. Climacterium virile. Neurasthenia, hypochondria.

Special Indications for Thelygan:

Infantile sterility. Underdeveloped mammae, etc. Frigidity. Sexual disturbances in obesity and other metabolic disorders. Climacteric symptoms, amenorrhea, neurasthenia, hypochondria, dysmenorrhea.

Furnished in TABLETS for internal use, and in AMPOULES for intraglutal injection.

Prices: Tablets, 40 in a box, \$1.75
100 in a box, 3.50

Testogan Ampoules, 12 in a box, \$2.50
Thelygan Ampoules, boxes of 12, 2.50

EXTENSIVE LITERATURE ON REQUEST

CAVENDISH CHEMICAL CORPORATION

88 Park Place

Sole Agents
Established 1905

New York

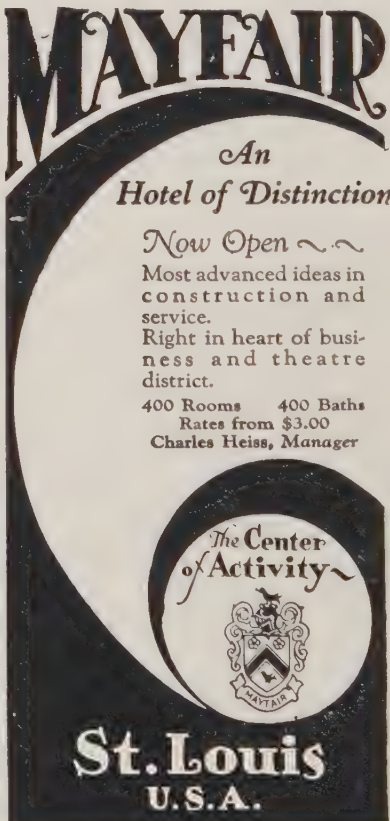
their parents to eat more liberally. Such children should not be so forced, as the ingestion of unwanted food is more than liable to accentuate the neurotic tendency, and to create digestive disturbance. A medicinal appetizer, however, is never contra-indicated provided it is palatable and non-irritant. Gude's Pepto-Mangan is just such an appetizer. It not only serves to stimulate the desire for food, but also furnishes the quickly absorbable iron and manganese that encourages the formation of red blood cells and hemoglobin to so improve the nutritive status that the youngster will welcome the coming of meal time. It should also be considered that the iron and manganese in Gude's Pepto-Mangan contribute to the circulating fluid the natural oxygenating and oxidizing elements that are so often lacking in much of the demineralized food now offered not only to children, but to all classes of the community. Gude's Pepto-Mangan is, therefore, a good tonic and appetizer not only for the children, but also for all members of the family.

Samples, literature, etc., obtainable from M. J. Breitenbach Co., New York, N. Y.

INTRAVENOUS THERAPY

Many American physicians are under the impression that intravenous therapy is practiced to a lesser extent in America than in Europe. This is not true. Excluding the injection of salvarsan, arsphenamine, and its allied compounds, the American physician is practicing intravenous injection to a far greater extent than the physicians of any other country. Pharmaceutical development in America has placed at the convenient disposal of the physician intravenous solutions of more remedies than are to be found anywhere else.

It is now ten years since Loeser first commercialized biologically tested and standardized concentrated intravenous solutions of U. S. P. and other remedies of established therapeutic value. Some thirty remedies have been studied and their intravenous administration, demonstrated by Loeser. It is estimated that at least twenty-five thousand physicians employ Loeser's Intravenous Solutions, and they are distributed over the United States in the stocks of some five thousand drug stores and physicians' supply houses. The literature on intravenous medication collected by the N. Y. Intravenous Laboratory from foreign and domestic medical journals represents the most comprehensive accumulation on the subject. Send for it to 100 West 21st Street, New York, N. Y.



MAYFAIR
An
Hotel of Distinction

Now Open ~ ~
 Most advanced ideas in
 construction and
 service.
 Right in heart of busi-
 ness and theatre
 district.

400 Rooms 400 Baths
 Rates from \$3.00
 Charles Heiss, Manager

*The Center
 of Activity ~*



St. Louis
 U.S.A.



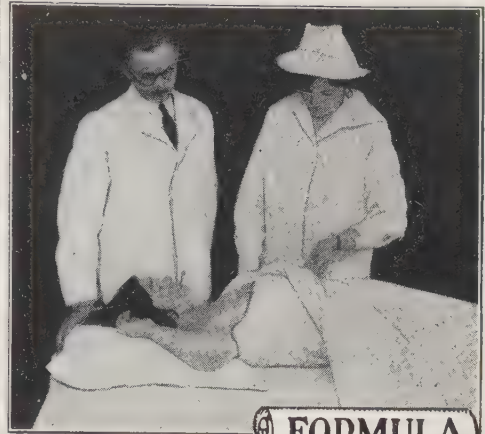
ADVANTAGES

OVERLOOKING BELMONT
YACHT HARBOR AND
LINCOLN PARK GOLF
COURSES . . .

ANEW HOTEL-700 ROOMS
OPENED EARLY IN 1924
ALREADY FAMOUS FOR
ITS HOSPITABLE
ATMOSPHERE . . .

SPECIAL
MONTHLY RATES
WRITE FOR BOOKLET

G.E. Billingsley
Manager



FORMULA

Guaiacol 2.6, Formalin 2.6,
Creosote 13.02, Quinine 2.6
Methyl Salicylate 2.6,
Glycerine and Aluminum Sil-
cate, qs 1000 parts.
Aromatic and Antiseptic
Oils, qs

To Reduce
Fever
Temperature

Pneumo-Phthysine
TRADE MARK

Is an invaluable aid to the physician when used as an antipyretic for the reduction of fever temperature.

This emplastrum has proven so efficacious in reducing fever temperature that it is now a regular resource of the physician for this purpose.

PNEUMO-PHTHYSINE keeps the pain and fever under control. The ingredients contained in the formula of this emplastrum when absorbed through the skin

Give definite results
Are positive in action
Do not disturb the digestive
organs

PNEUMO-PHTHYSINE is not advertised to the public.

Mail coupon for free clinical specimen.

**Pneumo-Phthysine
Chemical Co.**

Dept. C. R.

220 West Ontario St. Chicago

Pneumo-Phthysine Chemical Co.,
Dept. C. R., 220 W. Ontario St., Chicago.

Gentlemen:

Please send me, free of charge, for clinical trial a regular sized jar of Pneumo-Phthysine.

Dr.

Address.

Cerebral Vasculature.—Fifteen brains were prepared and studied by Temple Fay, Philadelphia (*Journal A. M. A.*, June 6, 1925). Five were injected after removal with metallic mercury. Ten were injected in situ with barium sulphate, and later removed for study. The studies seem to indicate that communications are numerous between the various zones of vascular supply, and that these communications are of considerable size, available for collateral circulation. In cases of thrombosis of one of the cortical cerebral trunks, lowering the head, raising arterial pressure with the application of heat to the overlying scalp, may offer some added chance of improvement or recovery if the patient is seen early, and if the thrombosing process has not involved the anastomotic branches. Some degree of anastomosis has been evident clinically, frequently seen in the recovery of temporary loss of function, and has usually been explained on the re-establishment of the arterial supply through the thrombosed vessel. The extent of end arteries in the brain as shown by these injections varies in different preparations. A wide range of factors may influence these findings, such as degenerative changes in the vessels themselves, postmortem clotting, and uneven injection by the opaque fluid. It seems evident, however, that the subcortical regions are supplied by end arteries. With few exceptions only, anastomotic branches can be traced in the stereoscope; these are not constant in each specimen. A more intensive study of these branches is now being undertaken, particularly in the fields of each arterial supply, the points of fusion between the three main systems being characterized by anastomotic branches. It seemed, on study of the three large arterial supplies to the cortex, that the frontal lobe supplied by the anterior cerebral differed considerably from the remaining two arterial distributions. This was most marked in the appearance of large, swinglike loops dropping down from the cortex, probably following the convolutions and radiating toward a center near the anterior horn of the lateral ventricle. The circuitous course taken by the anterior cerebral artery to reach its areas of distribution differs in that seen from the middle and posterior cerebral arteries, which show few loops of this character and tend to run more directly to their source of distribution on the cortex. Perhaps the inference could be drawn that the frontal lobe has developed more recently than the phylogenetic plan of the arterial system produced for its supply, and consequently the more recent demands on this vessel have given rise to the complexities throughout its distribution.

Congenital Hypertrophic Oric Stenosis.—

Four hundred and fifty-four cases of congenital hypertrophic pyloric stenosis in which the Fredet-Rammstedt operation was performed are reviewed by R. W. Bolling, New York (*Journal A. M. A.*, July 4, 1925). During the last ten years there has been a gradual reduction in mortality, which is attributed not only to an increase in the proportion of favorable cases, but also to certain changes in the care of patients before and after operation. Of this entire series, sixty-seven died, a mortality of almost 15

per cent. The general mortality for the first 175 cases of this series was 17.1 per cent, and there was very little difference in the results in private and in ward patients. The contrast, however, is striking in the 279 patients operated on since January, 1920. Forty private patients were operated on with one death, and 239 ward patients with thirty-six deaths. All deaths in the hospital following operation are classed as operative deaths. Thirty-three patients died in collapse in from two to seventy-two hours after operation. Twenty-two patients died in from five to twenty-six days. In two instances necropsy disclosed acute gastroenteritis. In two patients, bronchopneumonia was found. In another dying on the twenty-first day a small hematoma was found at the site of the pyloric wound. Severe infection of the wound from a preexisting omphalitis was the cause of death in two cases. Other necropsies were negative. Hemorrhage was responsible for the death of five patients: Two of these died from bleeding from the abdominal wound and two from bleeding from the wound in the pylorus. One, apparently a true hemophiliac, died on the third day from continuous oozing from the pylorus and the abdominal wall. Six deaths occurred from peritonitis. Two were in cases in which the duodenum had been accidentally opened. Two occurred early in the series, when the operation was modified by passing a bougie through the pylorus by means of a small opening in the stomach. One patient died twelve hours after an operation for an acute intussusception, which developed on the second day after operation. Bolling concludes that the Fredet-Rammstedt operation is simple, curative and permanent in its result. Convalescence is rapid, and the infant returns almost at once to normal development. In view of the results obtained by surgery in this series during a period of more than ten years, there appears to Bolling to be little justification for a delay which turns a good operative risk into a bad one, substitutes a long accidented convalescence for a brief, uneventful one, and fails to restore promptly a growing infant to a satisfactory state of nutrition at an important period in its development.

Transfusion of Lymphocytes.—A patient in an advanced stage of generalized lymphosarcoma, whose white blood cells were 6,400 per cubic millimeter and lymphocytes 15.5 per cent, was transfused by G. R. Minot and Raphael Isaacs, Boston (*Journal A. M. A.*, June 6, 1925), with 450 c.c. of blood from a patient with chronic lymphatic leukemia, whose white blood corpuscles numbered 89,000 per cubic millimeter and lymphocytes 95.6 per cent. This transfusion produced no greater benefit than one with normal blood. The transfusion caused the percentage of lymphocytes in the recipient's peripheral blood to be increased immediately about threefold, and their absolute number nearly four times. The number and percentage of lymphocytes dropped almost to their pre-transfusion level within thirty-five minutes of the completion of the transfusion, and reached this level within at least two and a quarter hours without a subsequent significant change. There was no evidence that the transfused lymphocytes were destroyed in the peripheral circulation.

YOU MEN who are tired *of the usual convention places*



HERE is a different, better, much more interesting and enjoyable convention site—famous French Lick Springs Hotel, the home of Pluto Water, known the world over as America's premier health and recreation resort. A less expensive place, too—meals and room are included in the moderate rate you pay at French Lick Springs; and you avoid the heavy theatre, restaurant, taxicab and other entertainment bills that other convention sites require of you. Doesn't that picture the sort of place your organization would do well to choose next time?

There is renewed health for you here in the bubbling natural waters of the Pluto, Bowles and Proserpine Springs. Severe winter is unknown in this semi-southern Cumberland foothills region. Golf is played on the two 18-hole French Lick Springs Hotel courses long after weather stops all thought of golf most other places. And this superb, perfectly appointed and equipped metropolitan hotel affords other diversions in abundance.

Ready now, too, is the large new wing containing, among other features, a well-ventilated day light ground floor convention auditorium flexibly arranged so that meetings of any size from 50 to 1500 persons can be held without leaving the hotel.



Everyone intends to visit French Lick Springs some day. Your next convention is your opportunity to do so. Write now for illustrated booklet with detailed convention information. Address Convention Secretary, French Lick Springs Hotel Co., French Lick, Indiana.

"Home of Pluto Water"

FRENCH LICK SPRINGS HOTEL



ALKANIZATION and ELIMINATION

A natural alkaline diuretic and eliminant spring water is serviceable in cases characterized by the retention of poisonous waste products.



That's why Mountain Valley Water is coming more and more to be regarded as a useful adjuvant to the other remedies in the treatment of nephritis, rheumatism, gout, certain forms of vascular hypertension, and biliary and intestinal stasis.

In cases of diabetes mellitus, acute fevers, and other diseases frequently associated with acidosis and acidemia, Mountain Valley Water is indicated because its alkaline salts combat the tendency to the concentration of acid radicals in the blood.

Mountain Valley Water, in bottled form, direct from Hot Springs, Arkansas, is now available to your patients.

Case of 12 ½-gal. bottles \$6.00
Refund for empties..... .75
(Discount to physicians)

WE DELIVER

MOUNTAIN VALLEY WATER CO.

739 W. Jackson Blvd. Chicago, Illinois
Telephones—Monroe 5460

Glyodine-Bleil

The Ideal Water-Soluble Iodine

FREE from Potash or ALKALI

No Alcohol, Carbondisulphide, Chloroform, Ether, Petrolatum, Phenol or Water, is used in its preparation, which makes it Non-Toxic and Non-Irritant to the skin or the mucosa.

*Samples and literature on request.
For physician's prescriptions only.*

20th Century Chemical Company

501 Altman Bldg.

Kansas City, Mo

LANGUAGES

A rapid and practical knowledge of French, Spanish, German, Italian, Russian, English, etc., can be obtained only at the Berlitz School. Private and Class instruction Day or Evening. Reasonable Tuition. Best native teachers.

FREE TRIAL LESSON

After nearly 30 years' success all over the world the Berlitz Method remains unequalled.

BERLITZ
SCHOOL OF
LANGUAGES
EST. 1878 — 336 BRANCHES

Auditorium, 56 E. Congress St., Chicago

Harrison 0392

COLONIAL HOTEL

MOUNT CLEMENS - MICHIGAN



THE Colonial is Mt. Clemens' leading hotel and resort. Set in acres of beautiful park, it offers the utmost in rest and quiet, with baths and treatments all under the one roof. Rooms are furnished with unusual attention to taste and comfort, the service is of great excellence, and the meals extraordinarily good. Every facility for sports and pastimes, including sporty 18-hole golf course.

The Colonial may be reached from Detroit by interurban car passing the door or, upon appointment, by private motor without charge. Room and meals \$5.50 a day and up. An

all-year-round resort, September, October, November are ideal months.

For fully descriptive illustrated booklet, address W. W. Witt, President and Manager.

*November at
Chalfonte-Haddon
Hall*

Wonderful
weather

Golf
Riding
on the Beach
Rolling Chairs
Amusements and
fascinating Shops
on the Boardwalk

*Special
Thanksgiving
Celebration*



CHALFONTE-HADDON HALL

ATLANTIC CITY

*Tune in on WPG and
Chalfonte-Haddon Hall*



Your holidays here are invested, not spent. Dividends are generously paid in new vigor, new capacities, new life. Every happy hour of every happy day is put into salt sea air, into outdoor recreation, into the luxury and comfort, the hospitality and charm of your *Chalfonte-Haddon Hall*.

A number of persons have grown so enthusiastic that they have made *Chalfonte-Haddon Hall* their permanent or semi-permanent home.

On the Beach and the Boardwalk. In the very center of things. American plan only: always open. Illustrated folder and rates on request.

LEEDS and LIPPINCOTT COMPANY





ELECTROLYSIS For Superfluous Hair

The only permanent cure known for superfluous hair, moles, warts, etc. I Positively Guarantee My Work to be Permanent. No Pains or Scars. I use Multiple Electrolysis (many needles), the quickest, cheapest and most reliable of all electric needle methods. Special attention to cases referred to me by physicians.

New York Office—347 Fifth Ave.
Minneapolis Office, 343 Loeb Arcade
Kansas City, 822 Chambers Bldg.

ELLA LOUISE KELLER

1200 North American Bldg., 36 S. State St.

Telephone Central 6468

CHICAGO



TO CLEAR THE OPERATING FIELD

Sterile, Antiseptic, Non-Irritant

Use NEET—A bland cream that removes hair without irritating the skin.

In favor with many of the medical profession for depilating in preparation for delivery. Especially valuable if patient insists on home confinement.

Useful in preparation for all abdominal operations or operations on the pubic region.

Indicated where simple ulcers on vulva make shaving difficult and painful.

Relieves patient of the discomfort and risk attending the use of a razor.

Incoming growth is slower to reach the surface than if shaved, and is softer and finer than growth following the use of a razor.

A full size trial tube with complete instructions for use will be mailed without charge to any physician requesting it.

HANNIBAL PHARMACAL CO.,—612 Locust St.,—St. Louis, Mo.

"LEST YOU FORGET"

Sanmetto

A CALMATIVE
FOR

ARDOR
IN
URINAE

ALWAYS SOOTHING TO THE
MUCOUS MEMBRANES
OF THE UROGENITALS

SAMPLES TO PHYSICIANS ONLY

Od Chem. Co.
59-61 BARROW, NEW YORK

→ URETHRITIS
GONOCOCCUS

→ URETHRITIS
NON-SPECIFIC

→ CYSTITIS

→ DYSURIA

→ PROSTATITIS

→ VESICULITIS

→ PYELITIS

Douglas Park Maternity Hospital

Will take patients who wish to work for expense,
also pay patients.

1900 S. Kedzie Avenue

Chicago, Illinois



Department of Pathology, Bacteriology
and Serology.



X-Ray Operating Room

The Columbus Laboratories

Established
1893

Expert Consultants

Suite 1406 & 1500, 31 N. State St. CHICAGO

Phone: Central 2740

OUR LABORATORY FINDINGS are the result of Thirty Years study of Medical and Chemical problems, assuring you of SCIENTIFIC ACCURACY and DEPENDABILITY.

OUR WASSERMANN TEST STANDS FOR ACCURACY!

X-RAY DEPARTMENT—most modern and completely equipped, including the interpretation of an Expert Roentgenologist, if desired, with Twenty Years Experience.

DRUGS AND MEDICINES analyzed for Strength—Purity—Composition.
Disinfectants and Germicides examined for Strength.

Sanitary problems studied and corrected.

Water and Milk Analyzed.

A LABORATORY OF PROGRESS—qualified to satisfactorily Solve Manufacturing and Industrial Problems; Investigate Patent and Legal Affairs; Analyze Foods, Flour, Grain, and Feed for Quality, Purity and Composition.



Salvarsan Room for Doctors



Chemical Research Department

D. B. QUINLAN—Automobile Ambulance



To all parts of the
city and suburbs

In charge of ex-
perienced men.

3115 State Street

VICTORY 4519

Headaches

due to cerebral congestion can
be controlled with gratifying
promptness by the use of

Peacock's Bromides

This dependable sedative quickly allays cerebral excitability, relaxes nerve tension, and reduces the resulting congestion. It is invaluable, therefore, as a safe and palatable anti-spasmodic and anodyne in the treatment of functional circulatory derangements, especially those of the female involving the utero-ovarian blood supply.

To Stimulate The Liver

there is no remedy that the
practitioner finds so uniformly
serviceable or so free from un-
pleasant effect as

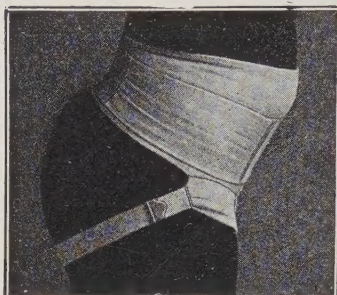
Chionia

One to two teaspoonfuls three times a day promptly improves the hepatic circulation, relieves congestion, and increases the flow of bile. Unlike other cholagogues, Chionia has the great advantage that it promotes the detoxicating and other functions of the liver, without causing excessive or undesirable bowel action.

PEACOCK CHEMICAL CO., St. Louis, Mo.

TRADE MARK
REGISTERED**STORM**TRADE MARK
REGISTERED**Binder and Abdominal Supporter**

(Patented)

TRADE
MARK
REG.TRADE
MARK
REG.**FOR MEN, WOMEN AND CHILDREN**

For Ptosis, Hernia, Obesity, Pregnancy, Relaxed Sacro-Iliac Articulations, High and Low Operations, etc.

Ask for 36 page descriptive folder.

Mail orders filled at Philadelphia only—within 24 hours.

Katherine L. Storm, M. D.

Originator. Patentee, Sole Owner and Maker

1701 Diamond St., Philadelphia, Pa.



One of the largest and most complete printing plants in the U. S.

Day and Night
Service

Best quality work
handled by daylight

*Let us estimate
on your next
printing order*

Catalogue and Publication Printers

Artists—Engravers—Electrotypers

Business Methods and Financial Standing the Highest
(Inquire Credit Agencies and First Nat'l Bank, Chicago, Ill.)

WE PRINT

The
**Chicago Medical
Recorder**

Printing Products Corporation

Formerly ROGERS & HALL COMPANY

Polk and La Salle Streets, Chicago, Ill.

Telephones—Local and Long Distance—Wabash 3380

To Overcome Constipation

with more than temporary effect, it is essential to promote the physiologic processes of the bowel. Owing to their composition

Prunoids

are particularly capable of this, and thus act not merely as an eliminant but exert a real tonic influence on the intestinal muscles and glands. As a consequence, they are not only potent, but persistent in effect, and free from iniquities of ordinary laxatives.

**Sultan
Drug
Co.**

St. Louis,
Mo.

The Irritable Heart

that causes so much anxiety to nervous patients and may be the forerunner of grave cardiac troubles, rapidly responds to the tonic influence of

Cactina Pillets

One to three pillets three or four times a day, will improve the nutrition of the tired heart, regulate its action and afford gratifying relief from the fluttering palpitation and other disagreeable symptoms that are so distressing to those who suffer from cardiac weakness.

The prudent practitioner, being guided by the dictates of experience, relieves himself from disquieting uncertainty of results by safeguarding himself against imposition when prescribing

ERGOAPIOL

(Smith)

The widespread employment of the preparation in the treatment of anomalies of the menstrual function rests on the unqualified indorsement of physicians whose superior knowledge of the relative value of agents of this class stands unimpeached.

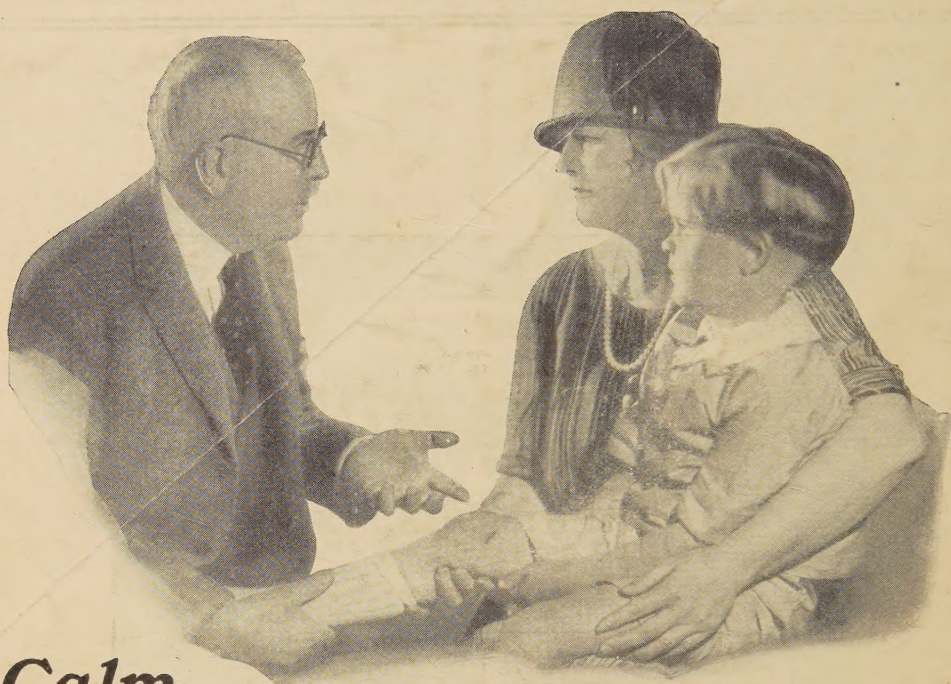
By virtue of its impressive analgesic and antispasmodic action on the female reproductive system and its property of promoting functional activity of the uterus and its appendages, Ergoapiol (Smith) is of extraordinary service in the treatment of

AMENORRHEA, DYSMENORRHEA
MENORRHAGIA, METRORRHAGIA

ETC

ERGOAPIOL (Smith) is supplied only in packages containing twenty capsules. DOSE: One to two capsules three or four times a day. ' ' ' Samples and literature sent on request.

MARTIN H. SMITH COMPANY, New York, N. Y., U. S. A.



Calm Your Fears

68170 © 1925 H. K. M. Co.

You won't have to send him away—

Yes, in the old days a case of "mad dog" bite like this I would have had to send to a big city institution for the anti-rabic treatment.

But that is all changed now. I can administer the doses right here in my office or at the patient's home and begin treatment immediately. Time is a very important factor.

This is made possible by the Mulford 14-dose Rabies Treatment, a killed virus which does not deteriorate like living virus. For this reason, many druggists and hospitals carry a treatment or two on hand all the time.

Being a killed rabies virus, larger doses may be administered from the start, the treatment completed with fewer doses, and sufficient protection

established in a shorter time. Also, it may be administered by the general practitioner with absolute confidence that it cannot cause rabies.

There is also the consideration of economy. Consisting of only 14 doses, the treatment is inexpensive to buy and there are no additional expenses necessary for travel, board, etc.

Physicians desiring additional information should mail attached coupon to H. K. Mulford Company, Philadelphia.

H. K. Mulford Company,
Mulford Bldg.,
Philadelphia, Pa.

CMR

I should like to know more about treating "mad-dog" bite victims with your 14-dose treatment. Please send free literature.

Name

Address

.....